



Gateway Appraisals

38 Gateway

Rockville Centre, NY 11570

516-766-1570

516-766-3716 FAX

CHECK A MARKET VALUE RANGE

REQUESTED BY: _____ COMPANY _____ FAX # _____

OWNER/BORROWERS NAME _____

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP _____

Answer as much of the below information as possible

The more info we have, the more accurate the value range will be.

STYLE (circle one) RANCH SPLIT LEVEL COLONIAL CAPE HI-RANCH SPLANCH CONTEMP OTHER _____

TOTAL # ROOMS _____ #BEDROOMS _____ # BATHS _____ BASEMENT YES/NO _____ FINISHED YES/NO _____

LIST RECENT IMPROVEMENTS _____

Answer one of the four below

1. OWNERS ESTIMATE OF VALUE \$ _____ 2. PURCHASE PRICE \$ _____

3. LOAN AMOUNT \$ _____ LTV _____ % 4. VALUE NEEDED FOR LOAN _____

Appraiser will fax response upon completion of value check. Be sure to include fax # above

DESKTOP MARKET VALUE RANGE APPEARS TO BE: \$ _____ TO \$ _____

APPRAISERS COMMENTS _____

If value appears adequate, and you want to order the Appraisal, you can fax this form back with contact information and payment method or order on line at gatewayappraisals.com

ORDER APPRAISAL

CONTACT NAME _____ PHONE # _____

ADDITIONAL CONTACT _____ PHONE # _____