

CATASTROPHIC DISASTER AREA PROPERTY INSPECTION REPORT

Loan #:

File #:

| | | | | |
|-------------------------|----------------------------|--|-------------------------------------|---|
| PROPERTY IDENTIFICATION | Property Address: | | | |
| | City: | County: | ST: | Zip Code: |
| | Legal Description: | | | |
| | Neighborhood/Project Name: | | Map Reference: | |
| | Census Tract: | | Assessor's Parcel Number: | |
| | Property Type: | <input type="checkbox"/> 1 Unit | <input type="checkbox"/> 2-4 Unit | <input type="checkbox"/> Apart. # of Units _____ |
| | | <input type="checkbox"/> PUD | <input type="checkbox"/> Condo | <input type="checkbox"/> Coop |
| | | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Manufactured | <input type="checkbox"/> Modular | <input type="checkbox"/> Detach. <input type="checkbox"/> Attach. |
| | | FEMA Sp.Fld.Haz.Area: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. | FEMA Flood Zone: | FEMA Map #: _____ FEMA Map Date: _____ |
| Borrower Name: | | Owner of Public Record: | | |
| Lender/Client: | | Address: | | |
| Appraiser: | | Address: | | |

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|--------------|--------------------------------------|---|--|
| NEIGHBORHOOD | Neighborhood Characteristics: | Location: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural | Built-Up: <input type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25% |
| | Access to Neighborhood: | <input type="checkbox"/> Not Accessible <input type="checkbox"/> Not Accessible by Vehicle | <input type="checkbox"/> Limited Access by Vehicle <input type="checkbox"/> Fully Accessible |
| | Level of Neighborhood Inspection: | <input type="checkbox"/> Not Viewable from Streets <input type="checkbox"/> Partially Viewable from Streets | <input type="checkbox"/> Fully Viewable from Streets |
| | Neighborhood Condition and Comments: | | |
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|--------------------|---------------------------------------|--|---|---|
| SUBJECT INSPECTION | Level of Subject Property Inspection: | <input type="checkbox"/> Unable to Inspect Subject | <input type="checkbox"/> Exterior Only Inspection | <input type="checkbox"/> Interior and Exterior Inspection |
| | Subject Property Habitability: | <input type="checkbox"/> Marked Uninhabitable by Governmental Agency | <input type="checkbox"/> Obviously Uninhabitable | <input type="checkbox"/> Apparently Habitable |
| | Degree of Damage to Subject: | <input type="checkbox"/> Major <input type="checkbox"/> Moderate <input type="checkbox"/> Minor | Damage is Likely Repairable? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> None Apparent |
| | Overview of Observed Damage: | <input type="checkbox"/> Foundation <input type="checkbox"/> Roof <input type="checkbox"/> Exterior <input type="checkbox"/> Windows | <input type="checkbox"/> Interior <input type="checkbox"/> Other | |
| | Cause(s) of Damage: | <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake | <input type="checkbox"/> Damaging Winds <input type="checkbox"/> Hurricane <input type="checkbox"/> Landslide | <input type="checkbox"/> Other |

The following damage to the subject was observed:

Subject Front

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PROPERTY ADDRESS:

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Loan #:

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| PROPERTY ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="10" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">RECOMMENDED REPAIRS</td> <td colspan="2">Appraiser's Estimate of Necessary Repairs (if marked as 'Repairable' on pg. 1):</td> </tr> <tr> <td><input type="checkbox"/> Foundation</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Structural</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Roof</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Windows</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Siding</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Landscaping</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Interior Floor</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Kitchen</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Bathroom</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Lighting</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2">TOTAL REPAIRS</td> <td style="text-align: right;">\$</td> </tr> </table> | RECOMMENDED REPAIRS | Appraiser's Estimate of Necessary Repairs (if marked as 'Repairable' on pg. 1): | | <input type="checkbox"/> Foundation | \$ | <input type="checkbox"/> Structural | \$ | <input type="checkbox"/> Roof | \$ | <input type="checkbox"/> Windows | \$ | <input type="checkbox"/> Siding | \$ | <input type="checkbox"/> Landscaping | \$ | <input type="checkbox"/> Interior Floor | \$ | <input type="checkbox"/> Kitchen | \$ | <input type="checkbox"/> Bathroom | \$ | <input type="checkbox"/> Lighting | \$ | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ | TOTAL REPAIRS | | \$ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">ADDITIONAL INSPECTIONS</td> <td colspan="2">Appraiser's Recommendations for Additional Inspections:</td> </tr> <tr> <td colspan="2">The appraiser is not an expert in the fields of Civil, Structural, or Environmental Engineering. Based on the apparent degree of observed damage and/or potentially hazardous conditions, the appraiser recommends the following additional professional inspectors be engaged:</td> </tr> <tr> <td style="text-align: center;">Type of Inspector</td> <td style="text-align: center;">Reason for Inspection</td> </tr> <tr> <td><input type="checkbox"/> Civil Engineer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Structural Engineer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Environmental Engineer</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">The appraiser <input type="checkbox"/> did <input type="checkbox"/> did not observe any interior or exterior visible signs of mold.</td> </tr> </table> | ADDITIONAL INSPECTIONS | Appraiser's Recommendations for Additional Inspections: | | The appraiser is not an expert in the fields of Civil, Structural, or Environmental Engineering. Based on the apparent degree of observed damage and/or potentially hazardous conditions, the appraiser recommends the following additional professional inspectors be engaged: | | Type of Inspector | Reason for Inspection | <input type="checkbox"/> Civil Engineer | | <input type="checkbox"/> Structural Engineer | | <input type="checkbox"/> Environmental Engineer | | <input type="checkbox"/> | | <input type="checkbox"/> | | The appraiser <input type="checkbox"/> did <input type="checkbox"/> did not observe any interior or exterior visible signs of mold. | |
| RECOMMENDED REPAIRS | | Appraiser's Estimate of Necessary Repairs (if marked as 'Repairable' on pg. 1): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Foundation | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Structural | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Roof | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Windows | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Siding | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Landscaping | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Interior Floor | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Kitchen | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Bathroom | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lighting | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL REPAIRS | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Type of Inspector | Reason for Inspection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Civil Engineer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Structural Engineer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Environmental Engineer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The appraiser <input type="checkbox"/> did <input type="checkbox"/> did not observe any interior or exterior visible signs of mold. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONCLUSIONS | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Damage and impact on marketability and suitability as collateral for mortgage lending purposes:</td> <td> <input type="checkbox"/> Severe/Uninhabitable - Subject no longer appears suitable as mortgage lending collateral. <input type="checkbox"/> Major to Moderate - damage is substantial but curable and repair is likely at an estimated cost of: \$ _____ (see above) <input type="checkbox"/> Minor - damage is easily curable at an estimated cost of: \$ _____ (see above) <input type="checkbox"/> None Apparent - No observable impact on marketability or collateral value of Subject property </td> </tr> <tr> <td>Comments:</td> <td></td> </tr> </table> | Damage and impact on marketability and suitability as collateral for mortgage lending purposes: | <input type="checkbox"/> Severe/Uninhabitable - Subject no longer appears suitable as mortgage lending collateral. <input type="checkbox"/> Major to Moderate - damage is substantial but curable and repair is likely at an estimated cost of: \$ _____ (see above) <input type="checkbox"/> Minor - damage is easily curable at an estimated cost of: \$ _____ (see above) <input type="checkbox"/> None Apparent - No observable impact on marketability or collateral value of Subject property | Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMITING CONDITIONS and CERTIFICATIONS | <p>SCOPE OF WORK: The scope of work for this assignment is defined by the degree of access that the appraiser can obtain to the neighborhood and the subject property in order to determine the impact, if any, on the marketability and subsequent collateral value of the subject property due to any damage or conditions caused by a catastrophic disaster.</p> <p>INTENDED USE: The intended use of this appraisal report is for the lender/client to evaluate the collateral value of the property that is the subject of this inspection for mortgage finance purposes.</p> <p>INTENDED USER: The intended user of this appraisal report is the lender/client.</p> <p>CONTINGENT AND LIMITING CONDITIONS: The appraiser's certification is subject to the following conditions:</p> <ol style="list-style-type: none"> 1) The Appraiser assumes no responsibility for matters of a legal nature affecting the property which is the subject of this report or the title which is assumed to be good and marketable; 2) The Appraiser is not required to give testimony or appear in court because of having made the report, unless such arrangements have been previously made; 3) The Appraiser assumes that there are no hidden or unapparent conditions of the property, subsoil, or structures, which would render it more or less valuable. The Appraiser assumes no responsibility for such conditions, or for engineering which might be required to discover such factors; 4) Information, estimates, and opinions furnished to the Appraiser, and contained in this report, were obtained from sources considered reliable and believed to be true and correct. However, no responsibility for accuracy of such items furnished to the Appraiser can be assumed by the Appraiser; 5) Disclosure of the contents of this report is governed by the Uniform Standards of Professional Appraisal Practice, and 6) Neither all, nor any part of the content of this report, or a copy thereof (including the conclusions of the report, the identity of the Appraiser, professional designations, reference to any professional appraisal organizations, or the company with which the Appraiser is connected), shall be used for any purposes by anyone but the client specified in this report, its successors and assigns, professional appraisal organizations, any state or federally approved financial institution, any department, agency, or instrumentality of the United States or any state or the District of Columbia, without the previous written consent and approval of the Appraiser. <p>APPRAISER'S CERTIFICATION: I certify that, to the best of my knowledge and belief:</p> <ol style="list-style-type: none"> 1) The statements of fact contained in this report are true and correct; 2) The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions; 3) I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved; 4) I have no bias with respect to the property that is the subject of this report or to the parties involved with this assignment; 5) My engagement in this assignment was not contingent upon developing or reporting predetermined results; 6) My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined result that favors the cause of the client, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this report; 7) My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice; 8) I have made a personal inspection of the property that is the subject of this report, and 9) Except as indicated herein, no one provided significant professional appraisal assistance to the person signing this certification. <p>SUPERVISORY APPRAISER'S CERTIFICATION: The Supervisory Appraiser certifies and agrees that:</p> <ol style="list-style-type: none"> 1) I directly supervised the appraiser for this appraisal assignment, have read the appraisal report, and agree with the appraiser's analysis, opinions, statements, conclusions, and the appraiser's certification; 2) I accept full responsibility for the contents of this appraisal report including, but not limited to, the appraiser's analysis, opinions, statements, conclusions, and the appraiser's certification; 3) The appraiser identified in this appraisal report is either a subcontractor or an employee of the supervisory appraiser (or the appraisal firm), is qualified to perform this appraisal, and is acceptable to perform this appraisal under the applicable state law; 4) This appraisal report complies with the Uniform Standards of Professional Appraisal Practice that were adopted and promulgated by the Appraisal Standards Board of The Appraisal Foundation and that were in place at the time this appraisal report was prepared, and 5) If this appraisal report was transmitted as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or a facsimile transmission of this appraisal report containing a copy or representation of my signature, the appraisal report shall be as effective, enforceable and valid as if a paper version of this appraisal report were delivered containing my original hand written signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> APPRAISER: Inspected <input type="checkbox"/> Interior and/or <input type="checkbox"/> Exterior of Subject <input type="checkbox"/> Did not inspect Subject </td> <td style="width: 50%;"> SUPERVISORY APPRAISER: Inspected <input type="checkbox"/> Interior and/or <input type="checkbox"/> Exterior of Subject <input type="checkbox"/> Did not inspect Subject </td> </tr> <tr> <td>Signature:</td> <td>Signature:</td> </tr> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Company Name & Address:</td> <td>Company Name & Address:</td> </tr> <tr> <td>E-mail Address:</td> <td>E-mail Address:</td> </tr> <tr> <td>Telephone #:</td> <td>Telephone #:</td> </tr> <tr> <td>State Certification or License #:</td> <td>State Certification or License #:</td> </tr> <tr> <td>State: _____ Expiration Date: _____ <input type="checkbox"/> Certified</td> <td>State: _____ Expiration Date: _____ <input type="checkbox"/> Certified</td> </tr> <tr> <td>Date of Inspection:</td> <td>Date of Inspection:</td> </tr> <tr> <td>Date of Signature & Report:</td> <td>Date of Signature:</td> </tr> </table> | APPRAISER: Inspected <input type="checkbox"/> Interior and/or <input type="checkbox"/> Exterior of Subject <input type="checkbox"/> Did not inspect Subject | SUPERVISORY APPRAISER: Inspected <input type="checkbox"/> Interior and/or <input type="checkbox"/> Exterior of Subject <input type="checkbox"/> Did not inspect Subject | Signature: | Signature: | Name: | Name: | Company Name & Address: | Company Name & Address: | E-mail Address: | E-mail Address: | Telephone #: | Telephone #: | State Certification or License #: | State Certification or License #: | State: _____ Expiration Date: _____ <input type="checkbox"/> Certified | State: _____ Expiration Date: _____ <input type="checkbox"/> Certified | Date of Inspection: | Date of Inspection: | Date of Signature & Report: | Date of Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature: | Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name & Address: | Company Name & Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail Address: | E-mail Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone #: | Telephone #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Certification or License #: | State Certification or License #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: _____ Expiration Date: _____ <input type="checkbox"/> Certified | State: _____ Expiration Date: _____ <input type="checkbox"/> Certified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Inspection: | Date of Inspection: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Signature & Report: | Date of Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |