



Jeffrey A Goldin
Indiana Certified Residential Appraiser

File#:	Order Date:	Due Date:	
Prior File #:	Fee:	App Date & Time:	
Property to be appraised			
Street Address:			
City:	County:	Zip Code:	
Borrower:		Borrower:	
Phone: (H)	(W)	(Cell) Email:	
Property Owner:			
Phone: (H)	(W)	(Cell) Email:	
Client/Lender:			
Address:			
Contact Person			
Phone: (H)	(W)	(Cell) Email:	
Type of report: (circle)			
UAD/URAR(1004)	Land	FHA	2055 (Exterior Only)
Final Inspection	Const Update	Manufactured Home	OI/Rent Schedule (216/1007)
Condo (1073)	ERC (Relocation)	Field Review	Desk Review
Other:			
Reason for appraisal:			
Listing agent:			
Phone: (H)	(W)	(Cell) Email:	
Selling agent:			
Phone: (H)	(W)	(Cell) Email:	
Plans and Specs:			
Additional comments:			
Parcel #:	Legal Description:		
Site Size:	Taxes:		
Age:			
Transfer Date:	\$:	Prior Transfer Date:	\$: