

RESIDENTIAL BROKER PRICE OPINION

REO# _____ This BPO is the Initial 2nd Opinion Updated Extr. Only DATE _____

PROPERTY ADDRESS: _____ SALES REPRESENTATIVE: _____

CLIENT NAME _____

FIRM NAME: _____ COMPLETED BY _____

PHONE NO. _____ FAX NO. _____

EMAIL ADDR: _____

I. GENERAL MARKET CONDITIONS

Current market conditions: Depressed Slow Stable Improving Excellent
 Employment conditions: Declining Stable Improving
 Market price of this type property has: Decreased _____ % in past _____ months
 Increased _____ % in past _____ months
 Remained Stable.

Estimated percentage of owners vs. tenants in neighborhood: _____ % owner occupant _____ % tenant
 There is a: normal supply over supply shortage of comparable listings in the neighborhood.
 Approximate number of comparable units for sale in neighborhood: _____
 No. of competing listings in neighborhood that are REO or Corporate owned: _____
 No. of boarded or blocked-up homes: _____

II. SUBJECT MARKETABILITY

Range of values in the neighborhood is \$ _____ to \$ _____
 The subject is an over improvement under improvement appropriate improvement for the neighborhood.
 Normal marketing time in the area is _____ days.
 Are all types of financing available for the property? Yes No If no, explain _____
 Has the property been on the market in the last 12 months? Yes No If yes, \$ _____ list price (attach MLS printout)
 To the best of your knowledge, why did it not sell? _____

Unit Type: single family detached condo co-op mobile home
 single family attached townhouse modular condotel
 If condo/other mandatory associations exist: Fee \$ _____ monthly or _____ annually. Current? Yes No Fee delinquent \$ _____
 The fee includes: Insurance Landscape Pool Tennis Other _____
 Association Contact: Name: _____ Phone No.: _____

III. COMPETITIVE CLOSED SALES									
ITEM	SUBJECT		COMPARABLE NUMBER 1		COMPARABLE NUMBER 2		COMPARABLE NUMBER 3		
Address									
Proximity to Subject			REO/CORP <input type="checkbox"/>		REO/CORP <input type="checkbox"/>		REO/CORP <input type="checkbox"/>		
Sale Price	\$		\$		\$		\$		
Price/Gross Living Area	\$ Sq.Ft.		\$ Sq.Ft.		\$ Sq.Ft.		\$ Sq.Ft.		
Data Source									
Sale Date & Days on Market									
VALUE ADJUSTMENTS	DESCRIPTION		DESCRIPTION (+-) Adjustment		DESCRIPTION (+-) Adjustment		DESCRIPTION (+-) Adjustment		
Sales or Financing Concessions									
Location									
Leasehold/Fee Simple									
Site									
View									
Design and Appeal									
Quality of Construction									
Year Built									
Condition									
Above Grade	Total	Bdrms	Baths	Total	Bdrms	Baths	Total	Bdrms	Baths
Room Count									
Gross Living Area	Sq. Ft.		Sq. Ft.		Sq. Ft.		Sq. Ft.		
Basement & Finished Rooms Below Grade									
Functional Utility									
Heating/Cooling									
Energy Efficient Items									
Garage/Carport									
Porches, Patio, Deck									
Fireplace(s), etc.									
Fence, Pool, etc.									
Other									
Net Adj. (total)			<input type="checkbox"/> + <input type="checkbox"/> - \$		<input type="checkbox"/> + <input type="checkbox"/> - \$		<input type="checkbox"/> + <input type="checkbox"/> - \$		
Adjusted Sales Price of Comparable			\$		\$		\$		

REO# _____

IV. MARKETING STRATEGY

As-Is Minimal Lender Required Repairs Repaired Most Likely Buyer: Owner occupant Investor

V. REPAIRS

Itemize ALL repairs needed to bring property from its present "as is" condition to average marketable condition for the neighborhood, EVEN IF you selected an "As Is" marketing strategy. Check the box next to the repair ONLY if you recommend that we perform the repair for most successful marketing of the property, or leave check box blank if not recommending.

<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	_____	\$ _____

GRAND TOTAL FOR ALL REPAIRS \$ _____

VI. COMPETITIVE LISTINGS

ITEM	SUBJECT	COMPARABLE NUMBER 1			COMPARABLE NUMBER 2			COMPARABLE NUMBER 3		
Address										
Proximity to Subject		REO/CORP <input type="checkbox"/>			REO/CORP <input type="checkbox"/>			REO/CORP <input type="checkbox"/>		
List Price	\$ _____	\$ _____			\$ _____			\$ _____		
Price/Gross Living Area	\$ _____ /Sq.Ft.	\$ _____ /Sq.Ft.			\$ _____ /Sq.Ft.			\$ _____ /Sq.Ft.		
Data Source										
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-) Adjustment		DESCRIPTION	+(-) Adjustment		DESCRIPTION	+(-) Adjustment	
Sales or Financing Concessions										
Days on Market										
Location										
Leasehold/Fee Simple										
Site										
View										
Design and Appeal										
Quality of Construction										
Year Built										
Condition										
Above Grade Room Count	Total Bdrms Baths	Total Bdrms Baths			Total Bdrms Baths			Total Bdrms Baths		
Gross Living Area	Sq. Ft.	Sq. Ft.			Sq. Ft.			Sq. Ft.		
Basement & Finished Rooms Below Grade										
Functional Utility										
Heating/Cooling										
Energy Efficient Items										
Garage/Carport										
Porches, Patio, Deck										
Fireplace(s), etc.										
Fence, Pool, etc.										
Other										
Net Adj. (total)		<input type="checkbox"/> + <input type="checkbox"/> - \$			<input type="checkbox"/> + <input type="checkbox"/> - \$			<input type="checkbox"/> + <input type="checkbox"/> - \$		
Adjusted Sales Price of Comparable		\$ _____			\$ _____			\$ _____		

VII. THE MARKET VALUE

(The value must fall within the range indicated by the adjusted Sales Price of the Comparables. Place the most weight on those comparables that are recent, in closest proximity, and with the fewest overall adjustments. Never average values.)

AS IS	Market Value	Suggested List Price
	\$ _____	\$ _____
REPAIRED	\$ _____	\$ _____

VIII. COMMENTS

(Include specific positives / negatives, special concerns, encroachments, easements, water rights, environmental concerns, flood zones, etc. Check the box if additional comments are continued in Case Comments in AMN or on Page 3 of this report.)

Signature: _____

Date: _____

DEMEMO