

**BROKER PRICE OPINION -**

**Project Reference #**

Empire Contact: Dan Evensen

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Date Ordered:

Date Due:

**DRIVE-BY INSPECTION ONLY (with photo)**

SUBJECT Property Address: \_\_\_\_\_

**Empire Mortgage**

11350 McCormick Road

Executive Plaza III, Suite 605

Hunt Valley, Maryland 21031

Ph: (800) 785-6499 x 127

E-Fax: (443) 281-0401

[www.empmtg.com](http://www.empmtg.com)

City: \_\_\_\_\_

State: TX

ZIP: \_\_\_\_\_

OWNER'S NAME	Currently Listed?	DOM	Previous LP	Current LP	Annual Taxes	Past Due Taxes

RECOMMENDED INSPECTIONS - please check				Property Type	Vacant / Occ	Condition	Fair Market Rent
Termite <input type="checkbox"/>	Structural <input type="checkbox"/>	Well/Septic <input type="checkbox"/>	Physical Insp. <input type="checkbox"/>				
Systems <input type="checkbox"/> Other: _____							

**Comments on subject's condition:**

**Marketability of subject (Explain any external obsolescence):**

**Describe any negative neighborhood factors that will detract for subject:**

SUBJECT PROPERTY	Sq. Ft.	#Units	#Rooms	Bed	Bath	Bsmt (%fin)	Garage	Lot Size	Yr. Built

**USE COMPS LESS THAN 6 MONTHS OLD (IF IMPRACTICAL, LESS THAN 12 MONTHS)**

Comparable Sales		Sq. Ft.	#Units	#Rooms	Bed	Bath	Bsmt (%fin)	Garage	Lot Size	Yr. Built
#1										
#2										
#3										

	Prox. To Subj.)	Owner	Finance Type	Cond.	Broker inspctd	Sale Date	DOM	Original LP	LP @ sale	Sale \$\$
#1										
#2										
#3										

NOTE: Which is closest comparable			Please note any adjustments							
#1										
#2										
#3										

Comparable Listings		Sq. Ft.	#Units	#Rooms	Bed	Bath	Bsmt (%fin)	Garage	Lot Size	Yr. Built
#1										
#2										

	Prox. To Subj.	Owner	Finance Type	Cond.	Broker inspctd	List Date	DOM	Original LP	Current LP
#1									
#2									

NOTE: Which is closest comparable			Explain comparability to subject							
#1										
#2										

**MARKET VALUES SHOULD BE BASED ON 90 DAY MARKETING TIME**

AS IS Value:	\$ _____	Suggest AS IS List Price	\$ _____
Interior/Exterior REPAIRED Value	\$ _____	Suggest REPAIRED List Price	\$ _____
If Mobile/Manufactured Home, please indicated the value of the land only:			\$ _____

Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_