

CANADIAN RESIDENTIAL SUMMARY REPORT

File No. _____

Property Description

| | | | |
|--|-------------------------------------|--|---|
| Property Address _____ | City _____ | Province _____ | Postal Code _____ |
| Legal Description _____ | | Regional Municipality _____ | |
| Tax Year _____ | R.E. Taxes \$ _____ | Assessments \$ _____ | |
| Applicant _____ | | Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant | |
| Property rights appraised <input type="checkbox"/> | Fee Simple <input type="checkbox"/> | Leasehold <input type="checkbox"/> | Condominium <input type="checkbox"/> Maintenance Fees _____/Mo. |
| Map Reference _____ | | | |
| Sale Price \$ _____ | | Date of Sale _____ | |
| Lender/Client _____ | | Address _____ | |
| Appraiser _____ | | Address _____ | |

SUBJECT

| | | | | | | |
|--|-------------------------------------|--------------------------------------|---|---|--|--|
| Location <input type="checkbox"/> Urban | <input type="checkbox"/> Suburban | <input type="checkbox"/> Rural | Predominant occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant | Single family housing PRICE \$ (000) _____ AGE (yrs) _____ Low _____ High _____ | Present land use % One family _____ 2-4 family _____ Multi-family _____ Commercial _____ | Land use change <input type="checkbox"/> Not likely <input type="checkbox"/> Likely <input type="checkbox"/> In process To: _____ |
| Built up <input type="checkbox"/> Over 75% | <input type="checkbox"/> 25-75% | <input type="checkbox"/> Under 25% | | | | |
| Growth rate <input type="checkbox"/> Rapid | <input type="checkbox"/> Stable | <input type="checkbox"/> Slow | | | | |
| Property values <input type="checkbox"/> Increasing | <input type="checkbox"/> Stable | <input type="checkbox"/> Declining | | | | |
| Demand/supply <input type="checkbox"/> Shortage | <input type="checkbox"/> In balance | <input type="checkbox"/> Over supply | | | | |
| Marketing time <input type="checkbox"/> Under 3 mos. | <input type="checkbox"/> 3-6 mos. | <input type="checkbox"/> Over 6 mos. | | | | |

NEIGHBOURHOOD

Note: Race and the racial composition of the neighbourhood are not appraisal factors.

Neighbourhood boundaries and characteristics: _____

Factors that affect the marketability of the properties in the neighbourhood (proximity to employment and amenities, employment stability, appeal to market, etc.): _____

Market conditions in the subject neighbourhood (including support for the above conclusions related to the trend of property values, demand/supply, and marketing time -- such as data on competitive properties for sale in the neighbourhood, description of the prevalence of sales and financing concessions, etc.): _____

CONDO

Project Information (If applicable)

Approximate total number of units in the subject project _____ Approximate total number of units for sale in the subject project _____

Describe common elements and recreational facilities: _____

SITE

| Dimensions _____ Site area _____ Corner Lot <input type="checkbox"/> Yes <input type="checkbox"/> No Specific zoning classification and description _____ Zoning compliance <input type="checkbox"/> Legal <input type="checkbox"/> Illegal <input type="checkbox"/> No zoning Highest & best use as improved: <input type="checkbox"/> Present use <input type="checkbox"/> Other use (explain) _____ | Topography _____ Size _____ Shape _____ Drainage _____ View _____ Landscaping _____ Driveway Surface _____ Apparent easements _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------|-----------------------|-----------------------|--------------------------|--------------------------|---------|-------------|--------------------------|-------|--------|-------|--------------------------|--------------------------|-----|--------------------------|-------|-------------|-------|--------------------------|--------------------------|-------|--------------------------|-------|----------|-------|--------------------------|--------------------------|----------------|--------------------------|-------|---------------|-------|--------------------------|--------------------------|-------------|--------------------------|-------|-------|-------|--------------------------|--------------------------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Utilities</th> <th style="width: 15%;">Public</th> <th style="width: 15%;">Other</th> <th style="width: 15%;">Off-site Improvements</th> <th style="width: 15%;">Type</th> <th style="width: 15%;">Public</th> <th style="width: 15%;">Private</th> </tr> <tr> <td>Electricity</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Street</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gas</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Curb/gutter</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Sidewalk</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sanitary sewer</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Street lights</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Storm sewer</td> <td><input type="checkbox"/></td> <td>_____</td> <td>Alley</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Utilities | Public | Other | Off-site Improvements | Type | Public | Private | Electricity | <input type="checkbox"/> | _____ | Street | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Gas | <input type="checkbox"/> | _____ | Curb/gutter | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Water | <input type="checkbox"/> | _____ | Sidewalk | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Sanitary sewer | <input type="checkbox"/> | _____ | Street lights | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Storm sewer | <input type="checkbox"/> | _____ | Alley | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Comments (apparent adverse easements, encroachments, special assessments, slide areas, illegal or legal nonconforming zoning use, etc.): _____ |
| Utilities | Public | Other | Off-site Improvements | Type | Public | Private | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electricity | <input type="checkbox"/> | _____ | Street | _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas | <input type="checkbox"/> | _____ | Curb/gutter | _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water | <input type="checkbox"/> | _____ | Sidewalk | _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sanitary sewer | <input type="checkbox"/> | _____ | Street lights | _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storm sewer | <input type="checkbox"/> | _____ | Alley | _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF IMPROVEMENTS

| GENERAL DESCRIPTION | EXTERIOR DESCRIPTION | FOUNDATION | BASEMENT | INSULATION |
|----------------------------|--------------------------|-------------------|---------------------|--|
| No. of Units _____ | Foundation _____ | Slab _____ | Area Sq. Ft. _____ | Roof _____ <input type="checkbox"/> |
| No. of Stories _____ | Exterior Walls _____ | Crawl Space _____ | % Finished _____ | Ceiling _____ <input type="checkbox"/> |
| Type (Det./Att.) _____ | Roof Surface _____ | Basement _____ | Ceiling _____ | Walls _____ <input type="checkbox"/> |
| Design (Style) _____ | Gutters & Dwnspts. _____ | Sump Pump _____ | Walls _____ | Floor _____ <input type="checkbox"/> |
| Existing/Proposed _____ | Window Type _____ | Dampness _____ | Floor _____ | None _____ <input type="checkbox"/> |
| Age (Yrs.) _____ | Storm/Screens _____ | Settlement _____ | Outside Entry _____ | Unknown _____ <input type="checkbox"/> |
| Effective Age (Yrs.) _____ | | | | |

| ROOMS | Foyer | Living | Dining | Kitchen | Den | Family Rm. | Rec. Rm. | Bedrooms | # Baths | Laundry | Other | Area Sq. Ft. |
|----------|-------|--------|--------|---------|-----|------------|----------|----------|---------|---------|-------|--------------|
| Basement | | | | | | | | | | | | |
| Level 1 | | | | | | | | | | | | |
| Level 2 | | | | | | | | | | | | |

Finished area above grade contains: _____ Rooms; _____ Bedroom(s); _____ Bath(s); _____ Square Feet of Gross Living Area

| INTERIOR | HEATING | BUILT-IN APPLIANCES | EXTRA FEATURES | SITE IMPROVEMENTS | CAR STORAGE: |
|--|--|---|--|--|--|
| Floors _____ Walls _____ Doors _____ Floor Plan _____ Closets _____ Overall Condition _____ | Materials/Condition _____ Type _____ Fuel _____ Condition _____ COOLING _____ Central _____ Other _____ Condition _____ | Refrigerator <input type="checkbox"/> Range/Oven <input type="checkbox"/> Disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Vacuum <input type="checkbox"/> Microwave <input type="checkbox"/> | Security System <input type="checkbox"/> Sauna <input type="checkbox"/> Whirlpool <input type="checkbox"/> Skylights <input type="checkbox"/> Fireplace(s) <input type="checkbox"/> Solarium <input type="checkbox"/> | Landscaping _____ <input type="checkbox"/> Patio _____ <input type="checkbox"/> Deck _____ <input type="checkbox"/> Porch _____ <input type="checkbox"/> Fence _____ <input type="checkbox"/> Pool _____ <input type="checkbox"/> | None <input type="checkbox"/> Garage _____ # of cars _____ Attached _____ Detached _____ Built-In _____ Carport _____ Driveway _____ |

COMMENTS

Basement Finish and Condition: _____

Condition of the improvements, depreciation (physical, functional, and external), repairs needed, quality of construction, remodeling/additions, etc.: _____

Adverse environmental conditions (such as, but not limited to, hazardous wastes, toxic substances, etc.) present in the improvements, on the site, or in the immediate vicinity of the subject property.: _____

| | | | | | |
|---|--|-------------------|---|------------|----------|
| COST APPROACH | ESTIMATED SITE VALUE | = \$ | Comments on Cost Approach (such as, source of cost estimate, site value, square foot calculation, the estimated remaining economic life of the property): | | |
| | ESTIMATED REPRODUCTION COST-NEW-OF IMPROVEMENTS: | | | | |
| | Dwelling | Sq. Ft. @\$ | | = \$ | |
| | | Sq. Ft. @\$ | | = | |
| | | = | | | |
| | Garage/Carport | Sq. Ft. @\$ | | = | |
| | Total Estimated Cost New | | | = \$ | |
| | Less | Physical | | Functional | External |
| | Depreciation | | | | = \$ |
| | Depreciated Value of Improvements | | | = \$ | |
| "As-is" Value of Site Improvements | | = \$ | | | |
| INDICATED VALUE BY COST APPROACH | | = \$ | | | |

| ITEM | SUBJECT | COMPARABLE NO. 1 | | | COMPARABLE NO. 2 | | | COMPARABLE NO. 3 | | |
|---------------------------------------|-------------------|--|----------------|--|------------------|--|----------------|-------------------|----------------|--|
| | | | | | | | | | | |
| Address | | | | | | | | | | |
| Proximity to Subject | | | | | | | | | | |
| Sales Price | | | | | | | | | | |
| Price/Gross Living Area | | | | | | | | | | |
| Data and/or Verification Source | | | | | | | | | | |
| VALUE ADJUSTMENTS | DESCRIPTION | DESCRIPTION | +(-)\$ Adjust. | DESCRIPTION | +(-)\$ Adjust. | DESCRIPTION | +(-)\$ Adjust. | DESCRIPTION | +(-)\$ Adjust. | |
| Sales or Financing Concessions | | | | | | | | | | |
| Date of Sale/Time | | | | | | | | | | |
| Location | | | | | | | | | | |
| Site Size | | | | | | | | | | |
| View | | | | | | | | | | |
| Design and Appeal | | | | | | | | | | |
| Quality of Construction | | | | | | | | | | |
| Age | | | | | | | | | | |
| Condition | | | | | | | | | | |
| Above Grade Room Count | Total Bdrms Baths | Total Bdrms Baths | | Total Bdrms Baths | | Total Bdrms Baths | | Total Bdrms Baths | | |
| Gross Living Area | Sq. Ft. | Sq. Ft. | | Sq. Ft. | | Sq. Ft. | | Sq. Ft. | | |
| Basement & Finished Rooms Below Grade | | | | | | | | | | |
| Garage/Carport | | | | | | | | | | |
| Site Improvements | | | | | | | | | | |
| Net Adj. (total) | | <input checked="" type="checkbox"/> + <input type="checkbox"/> - | \$ | <input checked="" type="checkbox"/> + <input type="checkbox"/> - | \$ | <input checked="" type="checkbox"/> + <input type="checkbox"/> - | \$ | | | |
| Adjusted Sales Price of Comparable | | | \$ | | \$ | | \$ | | \$ | |

Comments on Sales Comparison (including the subject property's compatibility to the neighbourhood, etc.):

Analysis of any current agreement of sale, option, or listing of subject property and analysis of any prior sales of subject and comparables within one year of the date of appraisal:

INDICATED VALUE BY SALES COMPARISON APPROACH \$

INDICATED VALUE BY INCOME APPROACH (if Applicable) Estimated Market Rent \$ /Mo. x Gross Rent Multiplier = \$

This appraisal is made "as is" subject to the repairs, alterations, inspections or conditions listed below subject to completion per plans & specifications.

Conditions of Appraisal: _____

Final Reconciliation: _____

The purpose of this appraisal is to estimate the market value of the real property that is the subject of this report, based on the above conditions and the certification, contingent and limiting conditions, and market value definition that are stated in the attached.

I (WE) ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT, AS OF (WHICH IS THE DATE OF INSPECTION AND THE EFFECTIVE DATE OF THIS REPORT) TO BE \$ _____

APPRAISER: _____ **SUPERVISORY APPRAISER (ONLY IF REQUIRED):** _____

Signature _____ Signature _____ Did Did Not

Name _____ Name _____ Inspect Property

Date Report Signed _____ Date Report Signed _____

Designation _____ Designation _____

RECONCILIATION