

**BROKER PRICE OPINION**

Project Reference # \_\_\_\_\_

Empire Contact: Charlie Hodge

E-mail: [CharlieH@empmtg.com](mailto:CharlieH@empmtg.com)

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 142

eFax: (410) 510-1176

City:

State:

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	\$

Broker/Agent Signature: \_\_\_\_\_  
 Broker/Agent Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_