



2400 E Commercial Blvd
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 Fort Lauderdale FL33308
 954-491-9800•www.YourAMC.com

APPRAISAL DISPUTE FORM

LoanNo. _____

Date: _____

Name of Requestor:		Email Address:	
Appraisal of (Property Owner):		Address:	
City, State, Zip:			
Name of Appraiser(s):			
Date of Value:		Appraised Value:\$	
Purpose for the appeal			
<input type="checkbox"/>	Consider additional information about the subject property or about comparable properties		
<input type="checkbox"/>	Provide additional supporting information about the basis for a valuation		
<input type="checkbox"/>	Correct factual errors in an appraisal		

Please answer the following questions and provide complete details to assist in determining if there is an error in the appraisal report.

Please check all that apply	
<input type="checkbox"/>	An appraisal report was prepared within one (1) year of the current appraisal date on the subject property with value conclusion 10% or more than the current valuation. Please attach a copy of the prior appraisal with the Appraisal Appeal form.
<input type="checkbox"/>	The borrower has upgraded, remodeled, or finished an addition to the subject property which has not been reflected in the appraised value. Describe:
<input type="checkbox"/>	The subject property description is incorrect or has been omitted as noted below:
<input type="checkbox"/>	The sales used in the appraisal report are not representative of the subject property or market area. See comments below:
Alternate Comparables Sales Please provide up to four (4) additional comparables located within the subject's neighborhood or market area for consideration. The comparables should meet the following criteria: <ul style="list-style-type: none"> • Have occurred no more than 180 days from the date of the appraisal (Older comparables are permitted depending on area or location, e.g., rural and/or unique properties) • Comparable must be similar in GLA, Age, Design, Amenities and site area • Comparables should be drawn from within the same neighborhood or similar to the subject 	

	Comparable#1	Comparable#2	Comparable#3	Comparable#4
Address of comp:				
City, State, Zip				
Closed Date				
Source of Data (MLS/Public records)				
Sales Price	\$	\$	\$	\$
Proximity to SP				
Site Area				
GLA				
Room Count				
Actual Age				

The Appraisal Appeal Form will be reviewed by the Appraisal Department prior to being sent to the appraiser(s) for consideration to ensure that it is complete and detailed information is provided to expedite the appeal process. The form is also reviewed for compliance with the Appraiser Independence Rule ("AIR") to ensure that appeal request is free from any type of undue influence. In accordance with AIR, do not provide any type of anticipated, estimated or desired valuation for the subject. In the event that the form is received and it is incomplete and/or it contains language indicating a target or anticipated value, the form will be returned to the Requestor for completion and/or revision.

To submit your Appraisal Dispute ,please complete this form and provide the necessary documentation for your appeal. The completed form and documentation must be emailed orders@collateralmanagement.org

The review team will notify the Request or by email when the Appraisal Appeal Form has been received and the appeal process has been initiated.