Real Estate Sales Verification Survey

-For Office Use Only-
  - Qualified - Disqualified  Reason ________________________________

Date

Parcel ID#
Owners Name
Mailing Address
City, State Zip

Sale Price: 
Date of Sale: 
Situs (Property)Address:

OR Book/Page:
Use Code:

Is the mailing address correct? Yes [ ] No [ ]
Is the site address correct? Yes [ ] No [ ]
If the property or mailing address is incorrect, please provide correct address. Mailing [ ] Site [ ]

GENERAL SALE INFORMATION

1. Was property listed on the market? Yes [ ] No [ ] MLS [ ] If not MLS, how was it listed? ____________________________
2. Was there ANY relationship between the buyer and seller? Yes [ ] No [ ] If yes, please explain ____________________________________________

3. In your opinion, does the sale price reflect market value? Yes [ ] No [ ]
4. Was there an appraisal done for the property? Yes [ ] No [ ] If yes, what was the appraised value? ____________________________

5. Were there any special conditions affecting the sale price? (e.g. foreclosure, short sale, Chinese drywall, divorce) Yes [ ] No [ ]
   If yes, please explain ____________________________________________

6. Did the sale price include personal property? Yes [ ] No [ ] If yes, please provide a copy of the contract or closing statement listing the personal property.
7. Was the property in need of repairs at the time of sale? Yes [ ] No [ ] If yes, please explain ____________________________________________
8. What is the intended use of the property? ____________________________
9. Did this sale include a TRADE of real property (1031 exchange)? Yes [ ] No [ ] If yes, please provide us with the address of other property ____________________________

Please complete, if applicable:

Number of Bedrooms [ ]
Number of Bathrooms [ ]
Family Room [ ]
Den [ ]
Fireplace [ ]
Florida Room [ ]
Carport [ ]
Garage [ ]
Central A/C [ ]
In-ground Pool [ ] Screened [ ]
Porch [ ] Screened [ ]
Driveway type: Pavers [ ] Concrete [ ] Asphalt [ ] None [ ] Other [ ]

10. Has the property been remodeled recently? Yes [ ] No [ ] If yes: Kitchen [ ] Bath [ ] Garage to Living Area [ ]
   Other ____________________________
   List any upgrades ____________________________________________

Additional Information (if any): ____________________________________________

Please submit a copy of your settlement (HUD) statement, if available. Mail survey to: Broward County Property Appraiser’s Office, Attn: Sales Verification, 115 S. Andrews Ave, Room 111, Fort Lauderdale, FL 33301 (envelope is enclosed).

Print name ____________________________ Date ____________ Phone number ____________________________
Signature ____________________________ Email ____________________________