



MOBILE HOME VALUATION WORKSHEET

Email to: tfpamobilehome@twia.org

Agent Name & Phone Number: _____ (required)

Location address of Dwelling: _____ (required)

Client Name: _____ (required)

Year of Mobile Home: _____ (required) Manufacturer of Home: _____ (required)

Model of Home: _____ (required)

Serial #: _____ (required)

Width/Length: _____ (required) Single-Wide: _____ or Double-Wide: _____ (required)

Additional Features:

Carport: Attached Detached Square footage: _____

Garage: Attached Detached Square footage: _____

House type roofing (shingles not metal): Yes No

Central Air Conditioning System: **OR** # of window Air Conditioning Units: _____

Wood Deck with Rails: Yes No

Skirting? Yes

If other than Vinyl or Metal, advise what product was used to skirt the mobile home: _____

Interior Components: Check or complete all that apply.

Shower Stall Garden Tub Garden tubs with Jets

Kitchen Countertops: Laminate Tile Granite Marble

Floor Coverings:

Ceramic Tile square footage: _____

Hardwood Flooring square footage: _____

Laminate Flooring square footage: _____

Cathedral / Vaulted Ceilings How many rooms: _____

Kitchen Upgraded Appliances:

Refrigerator size (cubic ft.): _____ Cooktop & Oven Dishwasher Microwave Oven

Permanent Fireplace:

Additional rooms added onto dwelling? Total Square Footage _____