

Repair Addendum 2 (REO)

IMPORTANT: Only describe an item in the grid if it needs **Repair** or **Maintenance**. All other comments should go in the "Repair Comments" section below the grid.

MGIC Case # _____		MGIC Ln. # _____		Address: _____			
SUBJECT INTERIOR INFORMATION/REPAIRS							
DESCRIPTION		Estimated Cost	Recommend ?	PLEASE CHECK THE APPROPRIATE BOX			
INTERIOR	DESCRIBE ONLY ITEMS THAT NEED REPAIR/MAINTENANCE			Normal Wear & Tear	Deferred Maintenance	Vandalism/ Abuse	Missing/ Stolen
Flooring		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Paint		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Carpentry		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Appliances		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Heating and Cooling		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Electrical		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Walls/Ceilings/Trim Repair		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trash Out/Fine Clean		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
EXTERIOR	DESCRIBE ONLY ITEMS THAT NEED REPAIR/MAINTENANCE			Normal Wear & Tear	Deferred Maintenance	Vandalism/ Abuse	Missing/ Stolen
Paint		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Roof		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Windows/Doors		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Structural		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pest Dmg/Treatment		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Siding/Trim		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Landscaping		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Garage		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Pool/Spa		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Repair Estimate		\$					
Total Recommended		\$					
Additional Repair Comments: _____							
Is there an evidence of water seepage?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____							
Do mechanicals appear operational/up to code? <input type="checkbox"/> Yes <input type="checkbox"/> No, Why? _____							
Inspections Recommended: (Check all Recommended): <input type="checkbox"/> MEP <input type="checkbox"/> Termite/Pest <input type="checkbox"/> Roof <input type="checkbox"/> Basement/Foundation <input type="checkbox"/> Well <input type="checkbox"/> Septic <input type="checkbox"/> Structural Engineer <input type="checkbox"/> Pool/Spa <input type="checkbox"/> None							
Appliances to Remain in Property: <input type="checkbox"/> Oven <input type="checkbox"/> Range <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Microwave <input type="checkbox"/> Compactor <input type="checkbox"/> None							
Assessor's Parcel Number (APN/TMK Number) _____							