

RESIDENTIAL & SMALL BUSINESS PROPERTY OWNER

Owner Information

Last Name:	First Name:	Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:
City:	State:	Postal Code:	County:
Telephone:	Fax:	Email:	

Co-Owner Information

Last Name:	First Name:	Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:
City:	State:	Postal Code:	County:
Telephone:	Fax:	Email:	

Property Information

Property Address:			Building Square Footage:
City:	State:	Postal Code:	Year Building Built:
Property County:		Parcel ID Number/s:	

Property Type (select one):

Residential Commercial Other: _____

Project Type (select all that apply):

Lighting Doors Roof Other: _____
 HVAC Solar Windows

Do you have a contractor selected for your project? Yes No
 If Yes, please provide: Contractor Name: Contractor Phone Number: Estimated Project Cost:

Have you been current on your mortgage payments for the last 3 years? Yes No N/A

Do you have any liens against your property? Yes No	Have you been current on your property tax payments for the last 3 years? Yes No
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Electric Provider:	Gas Utility Provider:
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Electric Utility Number:	Gas Utility Account Number:
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Mortgage Lender Information (Include All Home Equity Loans)			
Mortgage Lender Name:			Mortgage Balance:
Mortgage Account Number:	Telephone:	Fax:	
Mortgage Lender Street:	City:	State:	Postal Code:
Second Mortgage Lender Name (if applicable):			Second Mortgage Balance:
Second Mortgage Account Number:	Telephone:	Fax:	
Second Mortgage Lender Street:	City:	State:	Postal Code:
Additional Information			
How did you hear about the PACE Program?			
Newspaper	Radio	Word of Mouth	Local Property Owner
Newsletter	County Commissioners	Contractor	Other _____
Acknowledgment & Signature			
I acknowledge that the information herein is true, and complete, to the best of my knowledge and belief.			
_____ Primary Owner Signature		_____ Date (MM/DD/YYYY)	
_____ Co-Owner Signature		_____ Date (MM/DD/YYYY)	
Application Submission			
Please send your completed and signed application via:			
<ul style="list-style-type: none"> • EMAIL to info@EVESTFlorida.com; • FAX to (407) 648-8382; or • MAIL your application to the following address: 			
LEIDOS ENGINEERING, LLC - PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801			
For Office Use Only			
Application Acceptance Date:		Customer Number:	