

# Commercial Property Owner Finance Application



COMMERCIAL PROPERTY OWNER				
<b>Owner Information</b>				
Business Name:		Years in Business:	Federal ID Number:	D&B Number (Dun & Bradstreet):
Contact Name:	Telephone:		Email:	
Applicant Type (click one):				
A Partnership An Association		A Corporation A Trust		Non-Profit A Government Entity An LLC
Principal Owner Last Name:	First Name:	Middle Name:	Last Four SSN or EIN:	
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Telephone:	Fax:		Email:	
Co-Owner Last Name:	First Name:	Middle Name:	Last Four SSN or EIN:	
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Additional Co-Owner (If applicable, please provide Full Name, Address and Last Four Digits of SSN):				
<b>Property Information</b>				
Property Address (if different from Owner Information):				Building Square Footage:
City:	State:	Postal Code:	Parcel ID Number/s:	
County (click one): Flagler County      Nassau County			Year Building Built:	
<b>Property Type</b> (click one):				
<b>- Single Family</b> Single Family Home  <b>- Hospitality</b> Full Service Hotel      Limited Service Hotel (National Flag) Boutique Hotel  <b>- Self-Storage</b> Climate Controlled Self-Storage      Wine / Other Specialty Storage Facility  <b>- Retail</b> Regional Mall      Community Center      Anchored Retail Center Single Tenant      Owner Occupied      Unanchored Retail Center Franchise: Fast Food      Casual Dining      Other _____ _____		<b>- Multi-Family</b> Rental Apartments: Garden Style Apartment      Midrise Apartment High-rise Apartment      Co-op Senior Living Facility (55+ Rental)  <b>- Office / Warehouse / Industrial</b> Urban / CBD Office      Suburban Office Medical / Professional Office      Owner Occupied Office Office / Warehouse      Single Tenant Office Multi-Tenant Warehouse      Single Tenant Warehouse Distribution Facility      Owner Occupied Warehouse Manufacturing Facility (Light Manufacturing)		
<b>- Mixed Use Property</b> Retail      Office      Multi-Family      Hotel		<b>- Other Property Types</b> (e.g.: Assisted Living Facility, Nursing Home, Hospital, etc)		



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Contact an E|VEST Florida Program Representative at: (866) 558-3180, or click the following to send an Email: [info@E|VESTFlorida.com](mailto:info@E|VESTFlorida.com)

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<b>Property Information (cont.)</b>				
Measure Description (check all that apply then provide the appropriate measurements):				
Lighting: _____	Doors: _____	Roof: _____	Other: _____	
HVAC: _____	Solar (less than 100 kW): _____	Solar (more than 100 kW): _____	_____	
Windows: _____	_____	_____	_____	
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		
Electric utility provider: _____		Gas utility provider: _____		
Electric utility account number: _____		Gas utility account number: _____		
<b>Property Management Company</b>				
Property Management Company Name: _____		Property Management Company Phone: _____		Years in Business: _____
Contact Name: _____		List Relationship to Property Owner (If None, check N/A):      N/A		
<b>Mortgage Lender Information</b>				
Mortgage Lender Name: _____				
Mortgage Account Number: _____		Telephone: _____		Fax: _____
Mortgage Lender Street: _____		City: _____	State: _____	Postal Code: _____
Second Mortgage Lender Name (if applicable): _____				
Second Mortgage Account Number: _____		Telephone: _____		Fax: _____
Second Mortgage Lender Street: _____		City: _____	State: _____	Postal Code: _____



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## COMMERCIAL PROPERTY OWNER

### Acknowledgement & Signature

I acknowledge that the information provided herein is true, correct, and complete, to the best of my knowledge and belief.

I acknowledge that the application fee of \$50 is not refundable.

I acknowledge that I have read and will comply with the following required documentation:      **(1) Financing Agreement**      **(2) Application Affidavit**

Primary Owner Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

Co-Owner Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

### Application Submission & Fee

#### **Make Checks Payable to: LEIDOS ENGINEERING, LLC**

- Please **UPLOAD** your completed and signed application to the **E|VESTFlorida.com** website, or FAX the aforementioned document 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**

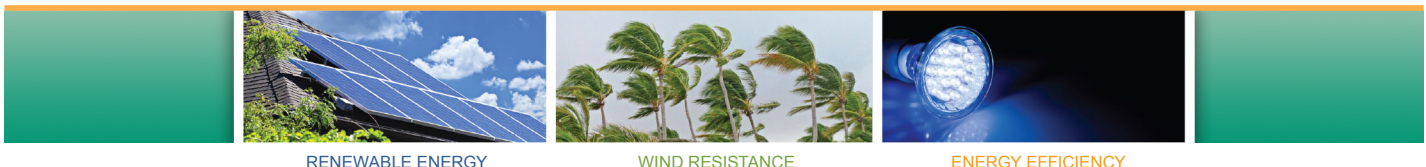
**\*Your non-refundable application fee of \$50 must be mailed to the above address. Applications will be reviewed upon receipt of application and application fee.**

### For Office Use Only

Application Fee: \_\_\_\_\_

Application Acceptance Date: \_\_\_\_\_

Customer Number: \_\_\_\_\_



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