

COMMERCIAL PROPERTY OWNER

Owner Information

Business Name:		Years in Business:	Federal ID Number:	D&B Number (Dun & Bradstreet):
Contact Name:	Telephone:		Email:	
Applicant Type (select one):				
Partnership		Corporation	Non-Profit	LLC
Association		Trust	Government Entity	
Principal Owner Last Name:	First Name:		Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Telephone:	Fax:		Email:	
Co-Owner Last Name:	First Name:		Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Additional Co-Owner (if applicable, please provide Full Name, Address and Last 4 of SSN):				

Property Information

Property Address:			Building Square Footage:	
City:	State:	Postal Code:	Year Building Built	
Property County:		Parcel ID Number/s:		
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		
Electric Provider:		Gas Utility Provider:		
Electric Utility Number:		Gas Utility Account Number:		

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Property Management Company			
Property Management Company Name:	Phone:	Years in Business:	
Contact Name:	List Relationship to Property Owner (if None, check N/A): N/A		
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 _____
Application Disclosure			
IMPORTANT DISCLOSURE (please read carefully): 1. This application is not a financing agreement and only begins the process for an alternative form of financing. Financing for all qualifying improvements must be repaid in a series of annual payments, and is payable and enforceable as non-ad valorem assessment which is a charge that will be collected in the same manner and at the same time as for payment of ad valorem property taxes. 2. A property owner cannot pay ad valorem property taxes due without also paying any and all non-ad valorem assessments due for that year at the same time. 3. Failure to pay your ad valorem property taxes and non-ad valorem assessments will cause a tax certificate to be issued against the property which could result in a loss of title. 4. Some mortgage lenders or secondary residential mortgage market purchasers, like FNMA or FMCC, may either (a) refuse to refinance an existing mortgage or (b) refuse to finance the purchase of any property, or (c) refuse to purchase mortgages in the secondary residential mortgage market, due to the superiority of a non-ad valorem assessment if your property is subject to a non-ad valorem assessment for qualifying improvements - the practical effect of which is that the balance due on a non-ad valorem assessment used to finance a qualifying improvement may have to be paid in full prior to any refinancing, new financing, or sale as the result of a purchase and sale of the property. 5. You may wish to consult with a financial and/or legal professional if you have questions before entering into any financing agreement for any qualifying improvement resulting from this application; once you enter into a financing agreement it will be binding on your property and will evidence irrevocably your consent to the imposition and levy of a non-ad valorem assessment for any qualifying improvements which will constitute a governmental lien equal to or on parity with ad valorem property taxes until paid in full.			
Acknowledgment & Signature			
I acknowledge that the information herein is true, and complete, to the best of my knowledge and belief, and that I have read the above Disclosure.			
_____ Primary Owner Signature		_____ Date (MM/DD/YYYY)	
_____ Co-Owner Signature		_____ Date (MM/DD/YYYY)	

Application Submission

Please send your completed and signed application via:

- **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: