

Residential & Small Business Property Owner Finance Application

RESIDENTIAL & SMALL BUSINESS PROPERTY OWNER								
Owner Information								
Last Name:	First Name:	Middle Na			ame:	Last 4 of SSN or EIN:		
Address:	ı						Suite:	
City:	State:	stal Code:			County:			
Telephone:	Fax:				Email:			
	Co-O	wner	Informati	ion				
Last Name:	First Name:				Middle N	ame:	Last 4 of SSN or EIN:	
Address:			L				Suite:	
City:	State:	State: Postal Code:				County:		
Telephone:	Fax:	Fax:				Email:		
Additional Owner's Information:								
Property Information								
Property Address (if different from Owner Information): Building Square Footage:							Building Square Footage:	
City: State:			Postal Code:			Year Building Built:		
Property County: Parcel			ID Number/s	S:			l	
Property Type (click one):		l						
- Single Family			- Multi-Family					
Single Family Home			Rental A	-		Maria Arradon de		
			Gardi	en Styl	e Apartme	Midrise Apartment		
- Hospitality Full Service Hotel Limited Service Hotel (National Flag) Boutique Hotel			High-rise Apartment				Со-ор	
			Senic	or Livin	g Facility (
- Self-Storage			- Office / \	Nareh	ouse / Ind	ustrial		
Climate Controlled Self-Storage Wine / Oth	er Specialty Storage	Facility	Urbar	n / CB[O Office		Suburban Office	
- Retail			Medio	cal / Pr	ofessional	Office	Owner Occupied Office	
Regional Mall Community Center A				Office / Warehouse			Single Tenant Office	
Single Tenant Owner Occupied L	Jnanchored Retail Cer				00	-		
Franchise:		Multi-Tenant Warehouse				Single Tenant Warehouse		
Fast Food Casual Dining C	Casual Dining Other			bution	Facility	Owner Occupied Warehouse		
Manufacturing Facility (Light Manufactur					(Light Manufacturing	3)		
- Mixed Use Property			- Other Pr	operty	Types (e	.a.: Assisted Living F	acility, Nursing Home, Hospital, etc)	
	Hotel			- p y	.,,,,,,,	J		









RENEWABLE ENERGY

WIND RESISTANCE

ENERGY EFFICIENCY



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Property Information (cont.)								
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 pay	ments for the last 3 years?:	Yes No	N/A					
Do you have any liens against your property?	Have you been of tax payments for			Yes No				
Electric utility provider:		Gas utility provid	er:					
Electric utility account number:	Gas utility account number:							
Mortgage Lender Information								
Mortgage Lender Name:						Mortgage Balance:		
Mortgage Account Number:		Telephone: Fax:			Fax:			
Mortgage Lender Street:		City: State:			Postal Code:			
Second Mortgage Lender Name (if applicable):					Second Mortgage Baland	ce:		
Second Mortgage Account Number:	Telephone:		Fax:					
Second Mortgage Lender Street:		City: State: Postal Code:			Postal Code:			









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RESIDENTIAL & SMALL BUSINESS 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 \$25 is not refundable.							
I acknowledge that I have read and 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							
	дриошон ош						
1	Make Checks Payable to: L	EIDOS ENGIN	EERING, 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 \$25 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:		Cust	omer Number:			











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