

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 _____
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:	