

Residential Property Owner Finance Application



| RESIDENTIAL PROPERTY OWNER | | | | | |
|---|--------|---------------------------------|------------------------|--|--|
| Owner Information | | | | | |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | | | | Unit: | |
| City: | State: | Postal Code: | Country: | | |
| Telephone: | Fax: | | Email: | | |
| Co-Owner Information | | | | | |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | | | | Unit: | |
| City: | State: | Postal Code: | Country: | | |
| Telephone: | Fax: | | Email: | | |
| Additional Owner Information: | | | | | |
| Property Information | | | | | |
| Property Address (if different from Owner Information): | | | | | |
| City: | | | State: | Postal Code: | |
| County: (go to http://www.floridapace.gov/districts to see a list of eligible counties and districts) | | | | | |
| Appraised value of property: | | Parcel Identification Number/s: | | Year Building Built: | |
| Building Type (check one): | | | | | |
| Single-Family (Detached) | | Single-Family (Attached) | | Multi-Family (2-4 units) | |
| | | | | Multi Family (5 or more units) | |
| | | | | Mobile Home (not eligible) | |
| Outstanding mortgage balance: | | N/A | | Do you have any liens against your property? Yes No | |
| Have you been current on your mortgage payments for the last 3 years?: Yes No | | N/A | | Have you been current on your property tax payments for the last 3 years? Yes No | |
| Electric utility provider: | | Gas utility provider: | | | |
| Mortgage Lender Information | | | | | |
| Mortgage Lender Name: | | Telephone: | | Fax: | |
| Mortgage Lender Street: | | City: | State: | Postal Code: | |
| Project Information | | | | | |
| Project Description: | | | | | |
| | | | | | |
| Estimated Project Cost: | | | Requested Loan Amount: | | |



RENEWABLE ENERGY

WIND RESISTANCE

ENERGY EFFICIENCY

Contact a Florida PACE Funding Agency Program Representative at: (866) 558-3180, or Email: info@FloridaPACE.gov

Residential Property Owner Finance Application



ACKNOWLEDGEMENT & APPLICATION FEE

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 accepted the Terms and Conditions as instructed on the FloridaPACE.gov website.

Print Name: _____

Date (MM/DD/YYYY): _____

Signature: _____

Date (MM/DD/YYYY): _____

Submittal Options

Make Checks Payable to: SEF&I

- (1) Upload the saved and completed application on the FloridaPACE.gov website, then mail the non-refundable application fee of \$25 to **SAIC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801.**
- (2) Fax the completed and signed application to **(407) 648-8382**, then mail the non-refundable application fee of \$25 to **SAIC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801.**
- (3) Mail the completed and signed application, and non-refundable application fee of \$25 to **SAIC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801.**

For Office Use Only

Application Fee: _____

Application Acceptance Date
(MM/DD/YYYY): _____

Customer Number: _____



Contact a Florida PACE Funding Agency Program Representative at: (866) 558-3180, or Email: info@FloridaPACE.gov