

## RESIDENTIAL & SMALL BUSINESS PROPERTY OWNER

### Owner Information

Last Name:	First Name:	Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:
City:	State:	Postal Code:	County:
Telephone:	Fax:	Email:	

### Co-Owner Information

Last Name:	First Name:	Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:
City:	State:	Postal Code:	County:
Telephone:	Fax:	Email:	

### Property Information

Property Address:			Building Square Footage:
City:	State:	Postal Code:	Year Building Built:
Property County:	Parcel ID Number/s:		

### Property Type (select one):

Residential                      Commercial                      Other: \_\_\_\_\_

### 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:

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:
--------------------------	-----------------------------

**RESIDENTIAL & SMALL BUSINESS PROPERTY OWNER****Mortgage Lender Information**

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:	

**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:

- **EMAIL** to [info@EVESTFlorida.com](mailto: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:
------------------------------	------------------