

Commercial Property Owner Finance Application



COMMERCIAL PROPERTY OWNER				
Owner Information				
Business Name:		Years in Business:	Federal ID Number:	D&B Number (Dun & Bradstreet):
Contact Name:	Telephone:		Email:	
Applicant Type (click one):				
A Partnership		A Corporation		Non-Profit
An Association		A Trust		An LLC
Principal Owner Last Name:		First Name:	Middle Name:	Last Four SSN or EIN:
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Telephone:	Fax:		Email:	
Co-Owner Last Name:		First Name:	Middle Name:	Last Four SSN or EIN:
Address:			Suite:	Company Position:
City:	State:	Postal Code:	County:	
Additional Co-Owner (If applicable, please provide Full Name, Address and Last Four Digits of SSN):				
Property Information				
Property Address (if different from Owner Information):				Building Square Footage:
City:	State:	Postal Code:	Year Building Built:	
Property County:		Parcel ID Number/s:		
Property Type (click one): - Single Family Single Family Home - Hospitality Full Service Hotel Limited Service Hotel (National Flag) Boutique Hotel - Self-Storage Climate Controlled Self-Storage Wine / Other Specialty Storage Facility - Retail Regional Mall Community Center Anchored Retail Center Single Tenant Owner Occupied Unanchored Retail Center Franchise: Fast Food Casual Dining Other _____ _____ - Mixed Use Property Retail Office Multi-Family Hotel		- Multi-Family Rental Apartments: Garden Style Apartment Midrise Apartment High-rise Apartment Co-op Senior Living Facility (55+ Rental) - Office / Warehouse / Industrial Urban / CBD Office Suburban Office Medical / Professional Office Owner Occupied Office Office / Warehouse Single Tenant Office Multi-Tenant Warehouse Single Tenant Warehouse Distribution Facility Owner Occupied Warehouse Manufacturing Facility (Light Manufacturing) - Other Property Types (e.g.: Assisted Living Facility, Nursing Home, Hospital, etc) _____		



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Contact an E|VEST Florida Program Representative at: (866) 558-3180, or click the following to send an Email: info@E|VESTFlorida.com

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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 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 utility provider: _____		Gas utility provider: _____	
Electric utility account number: _____		Gas utility account number: _____	
Property Management Company			
Property Management Company Name: _____		Property Management Company Phone: _____	
		Years in Business: _____	
Contact Name: _____		List Relationship to Property Owner (If None, check N/A): N/A	
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: _____



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COMMERCIAL 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 \$50 is not refundable.

I acknowledge that I have read 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

Make Checks Payable to: LEIDOS ENGINEERING, LLC

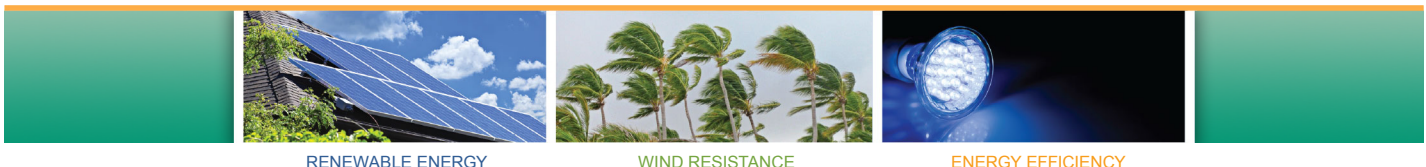
- Please **UPLOAD** your completed and signed application to the **E|VESTFlorida.com** website, or FAX the aforementioned document to **(407) 648-8382**, or MAIL your application to the following address:

LEIDOS ENGINEERING, LLC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801

***Your non-refundable application fee of \$50 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:	Customer Number:
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