

# Residential & Small Business Property Owner Finance Application



RESIDENTIAL & SMALL BUSINESS PROPERTY OWNER			
<b>Owner Information</b>			
Last Name:	First Name:	Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:
City:	State:	Postal Code:	County:
Telephone:	Fax:	Email:	
<b>Co-Owner Information</b>			
Last Name:	First Name:	Middle Name:	Last 4 of SSN or EIN:
Address:			Suite:
City:	State:	Postal Code:	County:
Telephone:	Fax:	Email:	
Additional Owner's Information:			
<b>Property Information</b>			
Property Address (if different from Owner Information):			Building Square Footage:
City:	State:	Postal Code:	Parcel ID Number/s:
County (click one): Flagler County      Nassau County			Year Building Built:
<b>Property Type (click one):</b> <b>- Single Family</b> Single Family Home  <b>- Hospitality</b> Full Service Hotel      Limited Service Hotel (National Flag) Boutique Hotel		<b>- Multi-Family</b> Rental Apartments: Garden Style Apartment      Midrise Apartment  High-rise Apartment      Co-op  Senior Living Facility (55+ Rental)	
<b>- Self-Storage</b> Climate Controlled Self-Storage      Wine / Other Specialty Storage Facility		<b>- Office / Warehouse / Industrial</b> 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)	
<b>- Retail</b> Regional Mall      Community Center      Anchored Retail Center Single Tenant      Owner Occupied      Unanchored Retail Center  Franchise: Fast Food      Casual Dining      Other _____ _____			
<b>- Mixed Use Property</b> Retail      Office      Multi-Family      Hotel		<b>- Other Property Types (e.g.: Assisted Living Facility, Nursing Home, Hospital, etc)</b> _____	



RENEWABLE ENERGY

WIND RESISTANCE

ENERGY EFFICIENCY

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

### Mortgage Lender Information

Mortgage Lender Name:

Mortgage Account Number: Telephone: Fax:

Mortgage Lender Street: City: State: Postal Code:

Second Mortgage Lender Name (if applicable):

Second Mortgage Account Number: Telephone: Fax:

Second Mortgage Lender Street: City: State: 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 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**

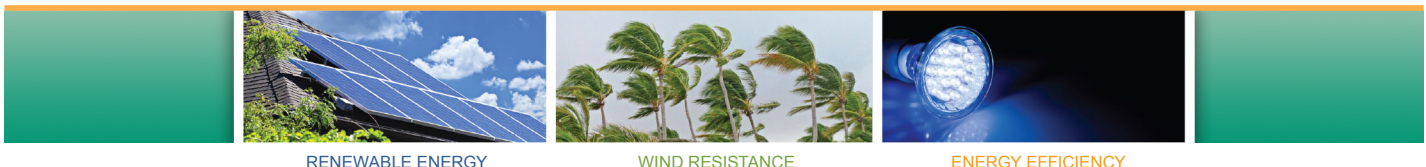
**\*Your non-refundable application fee of \$25 must be mailed to the above address. Applications will be reviewed upon receipt of application and application fee.**

### For Office Use Only

Application Fee: \_\_\_\_\_

Application Acceptance Date: \_\_\_\_\_

Customer Number: \_\_\_\_\_



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