

Commercial Property Owner Finance Application



COMMERCIAL PROPERTY OWNER					
Owner Information					
Owner Business Name (if not individual):					
Applicant Type (check one):					
An Individual	A Proprietorship	A Partnership	A Corporation	Non-Profit	
An Association	A Trust	A Government Entity	A LLC		
Last Name:		First Name:		Middle Name:	
Address:				Unit:	
City:	State:	Postal Code:	County:		
Telephone:	Fax:		Email:		
Contact Name (if different from above):	Telephone:		Email:		
Property Information					
Property Address (if different from Owner Information):				Unit:	
City:		Postal Code:	County:		
Appraised Value of Property:		Parcel Identification Number/s:		Year Building Built:	
Building Type (click one):					
Education	Outpatient	Retail (Enclosed & Strip Malls)		Warehouse & Storage	
Food Sales	Lodging	Office		Vacant	
Food Service	Mercantile	Public Assembly		Other: _____	
Health Care	Service	Public Order & Safety		_____	
Inpatient	Retail (Non-Malls)	Religious Worship		_____	
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:			



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

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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 \$50 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: SE&I

- (1) Upload the saved and completed application on the FloridaPACE.gov website, then mail the non-refundable application fee of \$50 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 \$50 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 \$50 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: _____



RENEWABLE ENERGY



WIND RESISTANCE



ENERGY EFFICIENCY

