

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:	State: Postal Code:		County:					
Telephone:	Fax:				Email:				
Property Information									
Property Address:						Building Square Footage:			
City:				State:	Postal Code:	Year Building Built:			
Property County:			Parcel	D Number/s:	•				
Property Type (select one):									
Residential	Commerical			Other:					
Project Type (select all that apply):									
Lighting Doors	Doors			of	Oth	Other:			
HVAC Solar				Windows					
Do you have a contractor selected for your project? Yes No									
Contractor Name: Contractor Phone Number: If Yes, please provide:									
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 Lendor Name:					Mortgage Balance:			
Mortgage Account Number:		Telephone:		Fax:				
		·						
Mortgage Lender Street:		City:	Sta	ate:	Postal Code:			
Second Mortgage Lender Name (if applicable):		Second Mortgage Balance:						
Second Mortgage Account Number:		Telephone:		Fax:				
Second Mortgage Lender Street:		City:	Sta	ate:	Postal Code:			
Acknowledgement & Signature								
Primary Owner Signature Date (MM/DD/YYYY)								
Application Submission & Fee								
	Application 3u	dillission & ree						
<u> </u>	Make Checks Payable to:	Leidos Engineeri	ng, 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:			Custome	er Number:			