



## Advance Arkansas PACE Commercial Program Application

This questionnaire is designed for the Program Administrator and Lending Institution to best assess the property's eligibility for the Advance Arkansas PACE program. Please answer as completely as possible so that an accurate assessment can be made. This will help prevent wasting time, effort, and money on your part if there is something that may prevent your eligibility for the program.

### Property Information:

Name of property owner: \_\_\_\_\_ SSN/EIN# \_\_\_\_\_

Property Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ Total Square Footage of the property: \_\_\_\_\_

Number of stories: \_\_\_\_\_ Footprint of building (sq. footage of ground level): \_\_\_\_\_

Nature of commercial use of the property:

Office  Warehouse  Industrial/Manufacturing  Multi-unit Residential

Hotel/Motel

Other (please describe) \_\_\_\_\_

Number of tenants: \_\_\_\_\_

Average monthly expenditure on gas: \$ \_\_\_\_\_

Average monthly expenditure on electric: \$ \_\_\_\_\_

What type of roof is on this property?  Shingle  Tile  Flat  Other

(specify): \_\_\_\_\_

### Please Check Applicant and Property Requirements if true:

\_\_\_ *No outstanding or unsatisfied tax liens on property;*

\_\_\_ *All property tax payments are current;*

\_\_\_ *Applicant is current on all mortgage debt;*

\_\_\_ *Applicant nor property are currently in a bankruptcy proceeding;*

\_\_\_ *Applicant has notified mortgage lender of pending PACE project loan application.*

Are there any other unique issues or information that may be pertinent to participation in the Advance Arkansas PACE program?

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What projects do you anticipate financing through the Advance Arkansas PACE program?

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- Total Estimated PACE loan amount: \$ \_\_\_\_\_
- Total Valuation of Property: \$ \_\_\_\_\_
- If Mortgaged, please state amount owed: \$ \_\_\_\_\_

**Program Administration & Quality Assurance Fee:**

Advance Arkansas PACE is authorized by the Energy Improvement District(s) it serves to receive an administration and quality assurance fee to be paid upon closing of the project loan. Review [AdvanceArkansasPACE.org](http://AdvanceArkansasPACE.org) for fee information.

**Property owner/manager acknowledgement and contact information:**

Please supply the following contact information and place a check in front of your preferred method of contact:

Telephone:  Mobile \_\_\_\_\_  Home \_\_\_\_\_  Work \_\_\_\_\_  
 Email: \_\_\_\_\_

By signing below, you acknowledge that the Advance Arkansas PACE program will contact you within 2 – 4 business days with the results of your preliminary evaluation for eligibility as a participant in the program. Any action taken on your part prior to preliminary approval for participation in the Program may not be financed by the Program and ultimately, participation in the Program will depend on further information and credit verification.

Position:  Property owner  Property manager  Other \_\_\_\_\_

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

**Complete your application:**

Include a \$100 application fee, payable by check to Advance Arkansas PACE, Inc.

Mail your completed application form and payment to:

Advance Arkansas PACE  
124 W. Capitol Ave. Suite 1750  
Little Rock, AR 72201