

Pierce County C-PACER Program

Attachment 4: Certificate of Capital Provider Qualification

Please check all of the following that apply to the qualifications of [_____] (“Capital Provider”), the capital provider that will supply the C-PACER financing for the project located at [_____]:

- Capital Provider is registered to provide C-PACE financing in at least two other states.

State: _____ Program Name: _____

State: _____ Program Name: _____

Please provide documentation. Appropriate documentation includes a certification or verified copy of registration as a C-PACE provider by a C-PACE program.

- Capital Provider has financed at least one previous C-PACE transaction in another jurisdiction.

State: _____ Program Name: _____

Transaction: _____

Please provide documentation. Appropriate documentation includes a copy of a recorded transaction document (such as Notice of Assessment or Lien) specifying that is part of a C-PACE transaction.

- Capital Provider is a federally chartered bank, Community Development Financial Institution, thrift institution, or credit union.

Please provide documentation. Appropriate documentation includes a copy of the latest public filing, license, or registration with the applicable federal regulatory body.

- Capital Provider is a state-chartered bank, Community Development Financial Institution, thrift institution or credit union.

Please provide documentation. Appropriate documentation includes a copy of the latest public filing, license, or registration with the applicable state regulatory body.

- Capital Provider is a private entity whose principal place of business is located in Washington state, does not meet the above qualifications, but provides the following information for review and approval. Submission does not guarantee approval.

Name:

Address:

Contact name:

Email:

Phone Number:

Business License No:

Attach the most current audited financial statements (to demonstrate solvency) or the most current regulatory or business filing required by the state (to demonstrate good standing).

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The undersigned certifies that the above is true and accurate as of the current date:
[Capital Provider]

By: _____

Name and Date:

Title: