



**COMMERCIAL PROPERTY ASSESSED CLEAN ENERGY (CPACE) PROGRAM
PROJECT APPLICATION CHECKLIST (PAC)**

Applicant	Include this checklist with your application submittal. Applications will not be accepted without all necessary information compiled with a completed submittal.	County
<input type="checkbox"/>	1. CPACE Project Application form completed	<input type="checkbox"/>
<input type="checkbox"/>	2. Property Address a) Documentation of ownership (Deed, Title Insurance report, Assessor/Treasurer Official Record) b) Address must be within Washington County	<input type="checkbox"/>
<input type="checkbox"/>	3. Property Owner a) Legal name of owner(s) – List all b) Name of contact person c) Phone number d) Email address e) Deed f) Title Insurance Report (all names must match what is on the Title Insurance Report. <i>If the name is different, provide one of the following:</i> <input type="checkbox"/> Certified copy of personal/corporate name change; <input type="checkbox"/> Certified copy of merger/sale document reflecting name change <input type="checkbox"/> Certified copy of Power of Attorney	<input type="checkbox"/>
<input type="checkbox"/>	4. Qualifying Property a) Is this property: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Multi-family (with five or more dwelling units) b) Assessor/Treasurer Official Records c) Most recent Appraisal d) Zoning Report e) Ground Lease (if applicable)	<input type="checkbox"/>

<input type="checkbox"/>	<p>5. Qualifying Owner</p> <p>a) Is property owned by:</p> <p><input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Trust</p> <p><input type="checkbox"/> General or Limited Partnership <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Individual/Sole Proprietorship</p> <p>b) Documentation</p> <p>If property is held by a LLC, general or limited partnership or a corporation, the applicant should include a copy of the certificate of formation, organization, incorporation or similar document and a good standing certificate/certificate of existence from the state and, if not organized in Oregon, a certificate of registration to conduct business in Oregon as a foreign entity.</p> <p>If a trust, a copy of the trust agreement or a trustees' certificate.</p> <p>If an individual, a copy of a valid driver's license.</p> <p>If the application is to be signed by a party other than the applicant, then, in addition to the foregoing, a power of attorney or corporate resolution authorizing said party.</p>	<input type="checkbox"/>
<input type="checkbox"/>	<p>6. Capital Provider</p> <p>a) Legal Name</p> <p>b) Name of contact person</p> <p>c) Phone number</p> <p>d) Email address</p> <p>e) Evidence of qualifications (check one)</p> <p><input type="checkbox"/> Registered capital provider of more than 2 states</p> <p><input type="checkbox"/> Federal or state-chartered bank or credit union</p> <p><input type="checkbox"/> I am an Oregon-based capital provider and submitting additional information, attached.</p> <p>f) Supporting documentation (fill out and attach "Certificate of Capital Provider Qualification")</p>	<input type="checkbox"/>

	<p>Note:</p> <ul style="list-style-type: none"> i. If a federal or state-chartered bank, or credit union, the certificate of organization or similar document. ii. If not an entity in #1, evidence of registration as a capital provider in two states. iii. If a private company, whose principal place of business is located in the state of Oregon, wishes to be a capital provider, and the person or company is not an entity in #1 or #2 above, documentation that: <ul style="list-style-type: none"> • the entity is qualified to do business in the State of Oregon, maintains any necessary licenses or permits necessary to conduct its business in the State of Oregon, and one of the following: <ul style="list-style-type: none"> • A copy of the most recent (within the last year) audited financial statement; OR • Copy of the most recent (within the last year) Federal or Oregon state financial institution regulatory filing. • NOTE: if audit is unqualified or the entity is not in good standing with any regulatory filing, application may be denied. 	
<input type="checkbox"/>	<p>7. Qualifying Improvement Certification</p> <p>a) The improvements sought are (check all that apply):</p> <p><input type="checkbox"/> Energy Efficient <input type="checkbox"/> Renewable Energy <input type="checkbox"/> Water Efficient <input type="checkbox"/> Seismic Improvement</p> <p>i. If Renewable Energy, improvement is (choose one):</p> <p><input type="checkbox"/> Direct Purchase <input type="checkbox"/> Power Purchase Agreement</p> <p>b) Attach “Certificate of Qualified Improvement” that is complete, signed, and includes accompanying documentation.</p>	<input type="checkbox"/>

<input type="checkbox"/>	<p>8. Lienholder Consent</p> <p>a) <input type="checkbox"/> Attached <input type="checkbox"/> Delivered at Close</p> <p><i>Note: Documents must be substantially the same as the Washington County Model forms</i></p> <p>i. The forms must be signed and notarized in appropriate places</p> <p>ii. Cross-check list of lienholders from Title Report with Written Consents provided by Capital Provider.</p>	<input type="checkbox"/>
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If consent will be executed at closing, conditional approval is given.

If consents are delivered at closing, applicant must hold county-executed closing documents in escrow until consents are obtained. At discretion of the office of County Administrator, this application may be amended and returned with copies of consents attached.

BY SIGNATURE BELOW, THE APPLICANTS (THE PROPERTY OWNER AND CAPITAL PROVIDER) AFFIRM THAT THE INFORMATION AND DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND ABILITY AND THAT THE APPLICANTS HAVE READ THE DISCLOSURES AND DISCLAIMERS ATTACHED TO THIS APPLICATION AND UNDERSTAND THE RISKS OF PARTICIPATING IN THE CPACE PROGRAM; FURTHER, THAT THE APPLICANTS AFFIRM THAT NEITHER THE COUNTY, ITS GOVERNING BODY, EXECUTIVES, NOR EMPLOYEES ARE PERSONALLY LIABLE AS A RESULT OF EXERCISING ANY RIGHTS OR RESPONSIBILITIES GRANTED UNDER THIS PROGRAM.

APPLICATION FORM SIGNED AND DATED

ON BEHALF OF PROPERTY OWNER: _____

NAME & TITLE: _____

ON BEHALF OF CAPITAL PROVIDER: _____

NAME AND TITLE: _____

TO BE COMPLETED BY AUTHORIZED COUNTY OFFICIAL

DATE RECEIVED: _____

APPLICATION: APPROVED ____ CONDITIONALLY APPROVED ____ DENIED ____

ON BEHALF OF COUNTY: _____

NAME AND TITLE: _____