

## ATTACHMENT 1: Project Application Checklist

<b>Information Type</b>	<b>Applicant-Provided Information</b> <i>Completed by Applicant</i>	<b>Accepted Documentation</b> <i>Provided by Applicant</i>	<b>Verified / Notes</b> <i>Completed by King County or Third-Party Program Administrator</i>
<b>PROPERTY ADDRESS</b>	Click or tap here to enter text.	<b>DEED or TITLE INSURANCE REPORT or ASSESSOR / TREASURER OFFICIAL RECORD</b>  <i>The address must be within King County.</i>	
<b>PROPERTY OWNER</b>	<b>Legal name(s) of Owner(s) (LIST ALL):</b> Click or tap here to enter text. <b>Name of contact person:</b> Click or tap here to enter text. <b>Phone number:</b> Click or tap here to enter text. <b>Email address:</b> Click or tap here to enter text.	<b>DEED TITLE INSURANCE REPORT</b> All names must match exactly what is on the Title Insurance Report.  <i>If the name(s) is different:</i>  <i>Certified copy of personal/corporate name change;</i> <i>Certified copy of merger/sale document reflecting name change;</i> <i>Certified copy of Power of Attorney</i>	
<b>QUALIFYING PROPERTY</b>	<b>Is this property:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-family of 5+ units	<b>ASSESSOR / TREASURER OFFICIAL RECORDS APPRAISAL ZONING REPORT GROUND LEASE (if applicable)</b>	

**QUALIFYING OWNER**

- Is property owned by a:**
- Limited liability company
  - General or limited partnership
  - Corporation
  - Individual/Sole proprietorship
  - Trust

**If property is held by a limited liability company, 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 or organization and, if not organized in Washington, a certificate of registration to conduct business in Washington as a foreign entity.

**If a trust,** a copy of the trust agreement or a trustees' certificate.

**If an individual,** a copy of a valid driver's license.

**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.

**CAPITAL PROVIDER**

- Legal Name:**  
Click or tap here to enter text.
- Name of contact person:**  
Click or tap here to enter text.
- Phone number:**  
Click or tap here to enter text.
- Email address:**  
Click or tap here to enter text.

- Evidence of qualifications:**
- Registered capital provider in 2 or more states
  - Federal or state-chartered bank, Community Development Financial Institution or credit union

- 1. If a federal or state-chartered bank, Community Development Financial Institution, or credit union,** the certificate of organization or similar document.
- 2. If not an entity in #1,** evidence of registration as a C-PACE capital provider in two or more states.
- 3. If a private company, whose principal place of business is located in the state of Washington, wishes to be a capital provider,** and the person or company is not an entity in #1 or #2 above, documentation that:  
the entity is qualified to do business in the State of Washington, maintains any necessary licenses or permits necessary to conduct its business in the State of Washington, and one of the following:

	<input type="checkbox"/> I am a Washington-based capital provider and submitting additional information, attached.	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 Washington state financial institution regulatory filing. <i>NOTE: if audit is unqualified or the entity is not in good standing with any regulatory agency, application may be denied.</i>	
<b>QUALIFYING IMPROVEMENT CERTIFICATION</b> (Existing Building)	<b>The improvements sought are, per the definitions in the Program Guide:</b> (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Energy efficiency improvement</li> <li><input type="checkbox"/> Electrification improvement</li> <li><input type="checkbox"/> Transportation electrification improvement</li> <li><input type="checkbox"/> Renewable energy improvement</li> <li><input type="checkbox"/> Water conservation improvement</li> <li><input type="checkbox"/> Resiliency improvement</li> <li><input type="checkbox"/> Other, please describe: Click or tap here to enter text.</li> </ul>	<b>Attach description of improvements, projected energy and/or water savings, and carbon reductions if applicable, and certifications for improvements sought,</b> including documentation of the appropriate license/qualifications required by the Guidebook.	
<b>QUALIFYING IMPROVEMENT CERTIFICATION</b> (New Construction)	<b>The improvements sought are, per the definitions in the Program Guide:</b> (check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Energy efficiency improvement</li> </ul>	<b>Attach a description of improvements , projected energy and/or water savings, and carbon reductions if applicable, and certifications for improvements sought,</b> including documentation of the appropriate license/qualifications required by the Guidebook.	

	<input type="checkbox"/> Electrification Improvement <input type="checkbox"/> Transportation electrification improvement <input type="checkbox"/> Renewable energy improvement <input type="checkbox"/> Water conservation improvement <input type="checkbox"/> Resiliency improvement <input type="checkbox"/> Other, please describe: Click or tap here to enter text.  <b>The improvements sought are for:</b> <input type="checkbox"/> Substantial building retrofit <input type="checkbox"/> New construction		
<b>LIENHOLDER CONSENT</b>	<b>Consent(s):</b> <input type="checkbox"/> Attached <input type="checkbox"/> Delivered at close	<b>Applicant should submit the Lienholder Consent Form</b> (must be substantially the same as the model form in Attachment 2a) The form must be signed and notarized in appropriate places.  Cross-check list of Lienholders from Title Report with Written Consents provided by Capital Provider.	

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 COUNTY, 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 ABILITY AND THAT THE APPLICANTS HAVE READ THE DISCLOSURES AND DISCLAIMERS ATTACHED TO THIS APPLICATION AND UNDERSTAND THE RISKS OF PARTICIPATING IN THE C-PACER 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: \_\_\_\_\_

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**TO BE COMPLETED BY AUTHORIZED COUNTY OFFICIAL**

APPLICATION: \_\_\_\_\_ APPROVED \_\_\_\_\_ CONDITIONALLY APPROVED \_\_\_\_\_ DENIED

ON BEHALF OF COUNTY: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

DISCLOSURES AND DISCLAIMERS