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 it 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).

[Remainder of Page Intentionally Left Blank]
The undersigned certifies that the above is true and accurate as of the current date:

[Capital Provider]

By: ________________________________

Name and Date:

Title: