



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 CPACE financing for the project located at []:

- _____ Capital Provider is registered to provide CPACE 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 CPACE provider by a CPACE program.

- _____ Capital Provider has financed at least one previous CPACE 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 CPACE transaction.

- _____ Capital Provider is a federally chartered bank, 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, 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 the state of Oregon, 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 _____, 20__.

[Capital Provider]

By: _____

Printed Name: _____

Date Signed: _____, 20__.

Title: _____