



## Snohomish County C-PACER Program Guide

<p><b>PROPERTY OWNER</b></p> <p>Legal name(s) of Owner(s) (LIST ALL):</p> <p>Name of contact person:</p> <p>Phone number:</p> <p>Email address:</p>		<p><b>DEED</b></p> <p><b>TITLE INSURANCE REPORT</b></p> <p>All names must match exactly what is on the Title Insurance Report.</p> <p><i>If the name(s) is different:</i></p> <p><i>Certified copy of personal/corporate name change;</i></p> <p><i>Certified copy of merger/sale document reflecting name change;</i></p> <p><i>Certified copy of Power of Attorney</i></p>	
<p><b>QUALIFYING PROPERTY</b></p>	<p><b>Is this property:</b></p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Agricultural</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Multi-family of 5+ units</p>	<p><b>ASSESSOR / TREASURER OFFICIAL RECORDS APPRAISAL</b></p> <p><b>ZONING REPORT</b></p> <p><b>GROUND LEASE</b> (if applicable)</p>	
<p><b>QUALIFYING OWNER</b></p>	<p><b>Is property owned by a:</b></p> <p><input type="checkbox"/> Limited liability company</p> <p><input type="checkbox"/> General or limited partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Individual/Sole proprietorship</p> <p><input type="checkbox"/> Trust</p>	<p><b>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.</b></p> <p><b>If a trust, a copy of the trust agreement or a trustees' certificate.</b></p>	

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		<p><b>If an individual</b>, a copy of a valid driver’s license.</p> <p><b>If the application is to be signed by a party other than the applicant</b>, then, in addition to the foregoing, a power of attorney or corporate resolution authorizing said party.</p>	
<p><b>CAPITAL PROVIDER</b></p> <p><b>Legal Name:</b></p> <p><b>Name of contact person:</b></p> <p><b>Phone number:</b></p> <p><b>Email address:</b></p> <p><b>Evidence of qualifications:</b></p>	<p><input type="checkbox"/> Registered capital provider in more than 2 states</p> <p><input type="checkbox"/> Federal or state-chartered bank, Community Development Financial Institution, or credit union</p> <p><input type="checkbox"/> I am a Washington-based capital provider and submitting additional information, attached.</p>	<p><b>1. If a federal or state-chartered bank, or credit union</b>, the certificate of organization or similar document.</p> <p><b>2. If not an entity in #1</b>, evidence of registration as a capital provider in two states.</p> <p><b>3. If a private company, whose principal place of business is located in the state of Washington, wishes to be a capital provider</b>, 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: 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.</p> <p><i>NOTE: if audit is unqualified or the entity is not in good standing with any regulatory filing, application may be denied.</i></p>	