915 Capitol Mall, Room 457 Sacramento, CA 95814 Telephone (916) 651-8157

Email: CAEATFA@Treasurer.ca.gov

			PACE Program Appli	cation		
Name of PACE Program:			Administrator:			
Ge	ographi	c Areas Served:				
Sta	atutory A	Authority for District:				
Contact Person Name: Title:						
Ad	ldress: _		City:	State:	Zip:	
Ph	one:	E-n	nail address:			
PA	CE Pro	ogram Portfolio Information	1:			
Nu	ımber of	Financings in Portfolio:	Total Value of the Portfo	lio:	Date:	
Re	quired A	Attachments:				
a.	The for	<u>————————————————————————————————————</u>				
	1.	Streets and Highways Code S	sections 5898.20 - 5898.22, and	5898.24; or,		
	2.	Chapter 2.5 (commencing wi	th Section 53311) of Part 1 of D	ivision 2 of Title 5 of t	he Government Code; or,	
	3.	For charter cities only: a copy approval of the PACE Progra	of a resolution or other docume m	ent adopted by the city'	s governing board evidencing	
b.	If not in	ncluded in the documentation r	equired in (a) above:			
	1.	Documents showing that the	underwriting criteria listed in Se	ction 10081(b) of the F	Program regulations are met.	
	2.	A detailed description of the	PACE Program's transactional a	ctivities and costs asso	ciated with financing issuance.	
	3.	A detailed description of the to achieving efficiency and cl	PACE Program's quality assurar ean energy production.	nce and consumer prote	ection requirements as related	
	4.	A detailed description of any	credit enhancement or insurance	e associated with the Pa	ACE Program.	
c.	If the PACE Program is administered by a third-party, the letter described in Section 10087(b) of the Program regulations certifying that the PACE Program has the ability to audit the records of the third-party administrator signed by an appropriate public official.					
d.	A certi	ficate including the signatures	of individuals authorized to sign	on behalf of the PACE	E Program.	
<u>Ce</u>	rtificatio	on:				
]	Γhe PAC	E Program agrees to follow Program agree to follow Pro	ogram regulations regarding the	PACE Loss Reserve.		
t	ousiness		audit of any of its records relation uthority or its agents, and to supprector.	ply such other informa		

In accordance with Section 10087 of the PACE Loss Reserve regulations, I, the undersigned, certify that all information included in this application and the attached documentations is accurate and true.

Authorized Signature	Printed Name	Title	Date

California Alternative Energy and Advanced Transportation Financing Authority Use Only					
PACE Program ID#	Date Received:	Date Completed:			
Executive Director Approval Signature	Approval Date:				

PACE Program Application Form rev. 01/30/15