



APPLICATION DATE:
 _____ / _____ / _____
 (MONTH/DAY/YEAR)

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 DATE RECEIVED: _____ / _____ / _____
 FILE #: _____

CALIFORNIA COMMERCIAL HERO APPLICATION

PROPERTY OWNER QUALIFICATIONS:

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees are and have been current on all property debt for the past six (6) months, including no technical defaults. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees are current on property taxes with no more than one late payment during the past three (3) years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees have no involuntary liens, defaults or judgments on the property. |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Owner(s) and/or Trustees have not declared bankruptcy in the last seven (7) years and the property is not an asset in a bankruptcy. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage-related debt does not exceed 90% of the fair market value of the property. |

PROPERTY ADDRESS:

 (STREET) (CITY) (STATE) (ZIP CODE)

 (ASSESSOR'S PARCEL NUMBER)

OCCUPANCY TYPE: Owner-Occupied Tenant-Occupied Both

DESCRIBE OCCUPANTS' BUSINESSES: _____

PROPERTY TYPE:

Multi-Family (5+ units) Commercial Industrial Agricultural Other: _____

MAILING ADDRESS:
(if different from property address)

 (STREET/P.O. BOX) (APT/SUITE/ETC.) (CITY) (STATE) (ZIP CODE)

PROPERTY OWNER TYPE:

Individual Trust Corporation Partnership Other: _____

PROPERTY OWNER #1 INFORMATION (Should be person/entity who handles all program contacts):

NAME OF PROPERTY OWNER _____ (TAX ID # OR SSN) _____ NAME OF CONTACT PERSON, IF BUSINESS ENTITY OWNER _____

(PHONE NUMBER) _____ (ADDITIONAL PHONE NUMBER) _____ (EMAIL ADDRESS) _____ % OWNERSHIP _____

PROPERTY OWNER #2 INFORMATION:
(If there are additional Property Owners or Trustees, please provide additional sheet(s) with property owner information.)

NAME OF PROPERTY OWNER _____ (TAX ID # OR SSN) _____ NAME OF CONTACT PERSON, IF BUSINESS ENTITY OWNER _____

(PHONE NUMBER) _____ (ADDITIONAL PHONE NUMBER) _____ (EMAIL ADDRESS) _____ % OWNERSHIP _____



OTHER CRITERIA QUESTIONS

Please explain all “yes” answers on a separate sheet.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do(es) the Property Owner(s) have any outstanding judgment(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do(es) the Property Owner(s) have any tax obligations, including payroll or real estate taxes, that are past due? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is/Are the Property Owner(s) a party in any active or threatened lawsuit(s) or other legal action(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has(ve) the Property Owner(s) had property foreclosed or give title or deed in lieu thereof? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has(ve) the Property Owner(s) compromised a debt or modified a mortgage loan in the last 12 months? |

For the listed insurance policy types, is there an active insurance policy for this property?

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Fire and Hazard insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | General Liability insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood Insurance? Please check here if not in flood zone _____. |

REQUIRED ATTACHMENTS:	
	Articles of Incorporation or Trust Agreement or Corporate Resolution
<input type="checkbox"/>	If there is a Lender, the Lender's Name and Contact information
<input type="checkbox"/>	If there is a Lender, 12 month payment history for each mortgage on the property to be improved (account history print out or mortgage statements).
<input type="checkbox"/>	If HERO PPA - Profit and Loss Statements OR Tax Returns for past two years.
<input type="checkbox"/>	Proposed Improvements – Contractor Bid(s) or Consultant/Engineer Proposal

APPLICANT(S) SIGNATURES

By signing this Application, the undersigned hereby declares under penalty of perjury under the laws of the State of California that all property owner(s) and/or trustees have read, understand, and agree to all sections of the Program Handbook and that all information set forth in this Application is true, accurate, and complete.

(Applicant Signature)	(Date)	(Applicant Signature)	(Date)
(Printed Name, Business Name, Title (if applicable))		(Printed Name, Business Name, Title (if applicable))	
(Applicant Signature)	(Date)	(Applicant Signature)	(Date)
(Printed Name, Business Name, Title (if applicable))		(Printed Name, Business Name, Title (if applicable))	

EXHIBIT A

Fill in all contractors or sub-contractors working on the proposed project:

CONTRACTOR OR SUB-CONTRACTOR	CONTRACTOR COMPANY	CONTRACTOR NAME	CONTRACTOR LICENSE #
1 Circle One: Contractor or Sub-Contractor	_____	_____	_____
2 Circle One: Contractor or Sub-Contractor	_____	_____	_____
3 Circle One: Contractor or Sub-Contractor	_____	_____	_____
4 Circle One: Contractor or Sub-Contractor	_____	_____	_____
5 Circle One: Contractor or Sub-Contractor	_____	_____	_____
6 Circle One: Contractor or Sub-Contractor	_____	_____	_____
7 Circle One: Contractor or Sub-Contractor	_____	_____	_____
8 Circle One: Contractor or Sub-Contractor	_____	_____	_____
9 Circle One: Contractor or Sub-Contractor	_____	_____	_____

EXHIBIT B

PROPOSED BUILDING IMPROVEMENTS

DESCRIPTION	ESTIMATED COST
<p>1</p> <p>Description: _____</p> <p>Brand: _____</p> <p>Model #: _____</p> <p>Quantity: _____</p> <p>Efficiency Level: _____</p> <p>Estimated Annual Energy Savings/ Production (# Units): _____</p>	<p>\$ _____</p>
<p>2</p> <p>Description: _____</p> <p>Brand: _____</p> <p>Model #: _____</p> <p>Quantity: _____</p> <p>Efficiency Level: _____</p> <p>Estimated Annual Energy Savings/ Production (# Units): _____</p>	<p>\$ _____</p>
<p>3</p> <p>Description: _____</p> <p>Brand: _____</p> <p>Model #: _____</p> <p>Quantity: _____</p> <p>Efficiency Level: _____</p> <p>Estimated Annual Energy Savings/ Production (# Units): _____</p>	<p>\$ _____</p>
<p style="text-align: center;">ITEMIZED ESTIMATED COST OF IMPROVEMENT(S)</p> <p>A. (i) Construction contract(s) (bid price for cost of materials and labor less any applicable rebates): and/or (ii) If self-installing, cost of equipment (less applicable rebates; do not include any labor costs):</p> <p>B. Energy assessment/audit costs</p> <p>C. Draft, engineering and/or plan preparation costs:</p> <p>D. Estimated Permit fees:</p> <p>E. Recording Fee for Assessment Lien documents and assessment contract. Set by state law and the County Recorder's Office</p> <p>F. Title Costs</p> <p>G. Other Please list (Attach separate sheet(s) explaining other costs if needed.)</p> <p>Other: _____</p> <p>Other: _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>Requested Financing Amount: This requested amount is the maximum amount that can be funded.</p>	<p>\$ _____</p>
<p>Loan Term (5, 10, 15, 20 years):</p>	<p>_____</p>