



**ERICA S. GILMORE
METROPOLITAN TRUSTEE**

700 President Ronald Reagan Way, Suite 220
Nashville, TN 37210

C-PACER PROJECT APPLICATION CHECKLIST

APPLICATION INFORMATION	APPLICANT-PROVIDED INFORMATION	ACCEPTED DOCUMENTATION	VERIFIED / NOTES
PROPERTY ADDRESS		DEED TITLE INSURANCE REPORT ASSESSOR OFFICIAL RECORD The address must be within Davidson County.	
PROPERTY OWNER:	Legal name(s) of Owner(s) (LIST ALL): Name of contact person: Phone number:	DEED TITLE INSURANCE REPORT All names must match exactly what is on the Title Insurance Report and Assessor Official Record If the name(s) is different: Certified copy of personal/corporate name change;	



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	Email address:	Certified copy of merger/sale document reflecting name change; Certified copy of Power of Attorney	
QUALIFYING PROPERTY	is this Property: <input type="checkbox"/> commercial <input type="checkbox"/> agricultural <input type="checkbox"/> industrial <input type="checkbox"/> multi-family of 5+ units	ASSESSOR / TREASURER OFFICIAL RECORDS APPRAISAL ZONING REPORT GROUND LEASE (if applicable)	
QUALIFYING OWNER	Is property owned by a <input type="checkbox"/> limited liability company <input type="checkbox"/> general or limited partnership <input type="checkbox"/> corporation <input type="checkbox"/> individual/Sole proprietorship <input type="checkbox"/> trust	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 Tennessee, a certificate of registration to	



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		<p>conduct business in Tennessee as a foreign entity.</p> <p>If a trust, a copy of the trust agreement or a trustees' certificate.</p> <p>If an individual, a copy of a valid driver's license.</p> <p>If the application is to be signed by a party other than the applicant, then, in addition to the foregoing, a power of attorney or corporate resolution authorizing said party.</p>	
CAPITAL PROVIDER	<p>Legal Name:</p> <p>Name of contact person:</p> <p>Phone number:</p>		



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	Email address:		
QUALIFYING IMPROVEMENT CERTIFICATION (Existing Building)	<p>The improvement sought are (check all that apply):</p> <p><input type="checkbox"/> Energy efficient</p> <p><input type="checkbox"/> Water efficient</p> <p><input type="checkbox"/> Renewable Energy</p> <p><input type="checkbox"/> Lead Reduction, water</p> <p>If Resiliency, specify type:</p> <p><input type="checkbox"/> flood mitigation</p> <p><input type="checkbox"/> stormwater management</p> <p><input type="checkbox"/> other (please specify in an attachment)</p>	<p>Original and copy of:</p> <p>Energy, Water & Resilience Compliance Certificate that is complete, signed, with accompanying documentation.</p>	



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	<p>The improvements sought are for: <input type="checkbox"/> existing building <input type="checkbox"/> new construction</p> <p>Attach description of improvements and certifications for improvements sought, including documentation of the appropriate license/qualifications required by the Guidebook.</p>		
<p>QUALIFYING IMPROVEMENT CERTIFICATION (New Construction)</p>	<p>The improvement sought are (check all that apply): <input type="checkbox"/> Energy efficient <input type="checkbox"/> Water efficient <input type="checkbox"/> Renewable Energy</p> <p>If Resiliency, specify type:</p>	<p>Original and copy of: Energy, Water & Resilience Compliance Certificate that is complete, signed, with accompanying documentation required by the Certificate.</p>	



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	<p>___ flood mitigation</p> <p>___ stormwater management</p> <p>___ other (please specify in an attachment)</p> <p>The improvements sought are for:</p> <p>_____ existing building</p> <p>_____ new construction</p> <p>Attach description of improvements and certifications for improvements sought, including documentation of the appropriate license/qualifications required by the Guidebook.</p>		
<p>ECONOMIC BENEFIT CERTIFICATION</p>	<p>The economic benefits of the proposed Qualified Improvements exceed the costs of the proposed assessment.</p>	<p>Original and copy of:</p> <p>Economic Benefits Compliance Certificate that is complete and signed.</p>	



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LIENHOLDER CONSENT	CONSENT(s) ___ attached ___ delivered at close	Applicant should submit the Lienholder Consent Form (must be substantially the same as the Model form) <ul style="list-style-type: none">• The form must be signed and notarized in appropriate places Cross-check list of Lienholders from Title Report with Written Consents provided by Capital Provider.	
FINANCING AGREEMENT BETWEEN PROPERTY OWNER AND CAPITAL PROVIDER		Original and copy of: The Financing Agreement entered into between the Property Owner and Capital Provider for the Qualifying Project and/or Improvement.	

IF CONSENT WILL BE EXECUTED AT CLOSING, CONDITIONAL APPROVAL IS GIVEN.



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IF CONSENTS ARE DELIVERED AT CLOSING, APPLICANT MUST HOLD COUNTY-EXECUTED CLOSING DOCUMENTS IN ESCROW UNTIL CONSENTS ARE OBTAINED. AT DISCRETION OF THIS OFFICE, THIS APPLICATION MAY BE AMENDED AND RETURNED WITH COPIES OF CONSENTS ATTACHED.



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BY SIGNATURE BELOW, THE APPLICANTS (THE PROPERTY OWNER AND CAPITAL PROVIDER) AFFIRM THAT THE INFORMATION AND DOCUMENTATION ARE TRUE AND CORRECT TO THE BEST OF THEIR ABILITY AND THAT THE APPLICANTS HAVE READ THE DISCLOSURES AND DISCLAIMERS ATTACHED TO THIS APPLICATION AND UNDERSTAND THE RISKS OF PARTICIPATING IN THE C-PACER PROGRAM; FURTHER, THAT THE APPLICANTS AFFIRM THAT NEITHER THE COUNTY, ITS GOVERNING BODY, EXECUTIVES, NOR EMPLOYEES ARE PERSONALLY LIABLE AS A RESULT OF EXERCISING ANY RIGHTS OR RESPONSIBILITIES GRANTED UNDER THIS PROGRAM.

APPLICATION FORM SIGNED AND DATED

ON BEHALF OF PROPERTY OWNER: _____

NAME & TITLE: _____

ON BEHALF OF CAPITAL PROVIDER: _____

NAME AND TITLE: _____

TO BE COMPLETED BY AUTHORIZED COUNTY OFFICIAL

APPLICATION: _____ APPROVED _____ CONDITIONALLY APPROVED _____ DENIED

ON BEHALF OF COUNTY: _____

NAME AND TITLE: _____



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DISCLOSURES & DISCLAIMERS (IF NEEDED)