

Improvement Special Assessment Project Application Checklist

APPLICATION INFORMATION	APPLICANT-PROVIDED INFORMATION	ACCEPTED DOCUMENTATION	VERIFIED / NOTES
PROPERTY ADDRESS		DEED TITLE INSURANCE REPORT COUNTY CLERK OFFICIAL RECORD The address must be within the County.	
PROPERTY OWNER:	Legal name(s) of Owner(s) (LIST ALL): Name of contact person: Phone number: Email address:	DEED TITLE INSURANCE REPORT All names must match exactly what is on the Title Insurance Report. If the name(s) is different: Certified copy of personal/corporate name change; 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	COUNTY CLERK 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 New Mexico, a certificate of registration to conduct business in New Mexico as a foreign entity.	

		<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>	
<p>CAPITAL PROVIDER</p>	<p>Legal Name:</p> <p>Name of contact person:</p> <p>Phone number:</p> <p>Email address:</p> <p>Evidence of qualifications: ___ Registered capital provider in more than 2 states</p> <p>___ Federal or state-chartered bank or credit union</p> <p>___ I am a New Mexico-based capital provider and submitting additional information, attached.</p>	<ol style="list-style-type: none"> 1. If a federal or state-chartered bank, or credit union, the certificate of organization or similar document. 2. If not an entity in #1, evidence of registration as a capital provider in two states. 3. If a private company, whose principal place of business is located in the state of New Mexico, wishes to be a capital provider, and the person or company is not an entity in #1 or #2 above, documentation that: <ul style="list-style-type: none"> ● the entity is qualified to do business in the State of New Mexico, maintains any necessary licenses or permits necessary to conduct its business in the State of New Mexico, 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 New Mexico financial institution regulatory filing. ● NOTE: if audit is unqualified or the entity is not in good standing with any regulatory filing, application may be denied. 	

<p>QUALIFYING IMPROVEMENT CERTIFICATION (Existing Building)</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 <input type="checkbox"/> Lead Reduction, water</p> <p>If Renewable Energy, improvement is <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Power Purchase Agreement</p> <p>If Resiliency, specify type: <input type="checkbox"/> seismic retrofits <input type="checkbox"/> flood mitigation <input type="checkbox"/> stormwater management <input type="checkbox"/> fire suppression <input type="checkbox"/> wildfire resistance <input type="checkbox"/> wind resistance <input type="checkbox"/> energy storage <input type="checkbox"/> energy microgrids</p> <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>Original and copy of:</p> <p>Energy, Water & Resilience Compliance Certificate that is complete, signed, with accompanying documentation.</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 Renewable Energy, is this <input type="checkbox"/> Direct Purchase</p>	<p>Original and copy of:</p> <p>Energy, Water & Resilience Compliance Certificate that is complete, signed, with accompanying documentation required by the Certificate.</p>	

	<p><input type="checkbox"/> Power Purchase Agreement</p> <p>If Resiliency, specify type:</p> <p><input type="checkbox"/> seismic retrofits</p> <p><input type="checkbox"/> flood mitigation</p> <p><input type="checkbox"/> stormwater management</p> <p><input type="checkbox"/> wildfire resistance</p> <p><input type="checkbox"/> wind resistance</p> <p><input type="checkbox"/> energy storage</p> <p><input type="checkbox"/> energy microgrids</p> <p>The improvements sought are for:</p> <p><input type="checkbox"/> existing building</p> <p><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>LIENHOLDER CONSENT</p>	<p>CONSENT(s)</p> <p><input type="checkbox"/> attached</p> <p><input type="checkbox"/> delivered at close</p>	<p>Applicant should submit the Lienholder Consent Form (must be substantially the same as the Model form)</p> <ul style="list-style-type: none"> • The form must be signed and notarized in appropriate places <p>Cross-check list of Lienholders from Title Report with Written Consents provided by Capital Provider.</p>	

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

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.

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 IMPROVEMENT SPECIAL ASSESSMENT 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: _____

DISCLOSURES & DISCLAIMERS