QUALIFIED ENTITY CERTIFICATION
Pursuant To Government Code Section 65863.11

(Please print or type legibly on form or submit electronically)

DATE SUBMITTED:

LEGAL NAME OF ORGANIZATION:

BUSINESS ADDRESS:

CITY:       COUNTY:

STATE:      ZIP CODE:

PHONE NUMBER:     FAX NUMBER:

TITLE OF CONTACT PERSON:

TYPE OF QUALIFIED ENTITY ORGANIZATION (Check only one)

_____Local, regional, national nonprofit organization
_____Local, regional, national public agency
_____Profit-motivated individual or organization
_____Tenant Association

LIST THE COUNTIES WHERE YOU OR YOUR ORGANIZATION IS INTERESTED IN PURCHASING AT-RISK PROPERTIES

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

STATEWIDE INTEREST_____ (Check here)