

QUALIFIED ENTITY CERTIFICATION
Pursuant To Government Code Section 65863.11

DATE SUBMITTED:

LEGAL NAME OF ORGANIZATION:

BUSINESS ADDRESS:

CITY:

COUNTY:

STATE:

ZIP CODE:

CONTACT NAME:

TITLE OF CONTACT PERSON:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

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)