

## **DUE DILIGENCE REQUEST LIST**

### **Commercial PPA**

As part of NEPH's underwriting and due diligence process in evaluating a potential Host/Customer for a Power Purchase Agreement (PPA), please provide the following documentation:

- NEPH Business Credit Application\*
- Previous Two (2) Years Tax Returns
- Previous Two (2) Year-End Financial Statements
- Year-To-Date Interim Financial Statements
- Individual Personal Financial Statement (PFS)\*  
(For individuals owning 20% or more of business/company)

Additional documentation or information may be requested on a case-by-case basis.

\* Form provided By NEPH to PPA Customer



# SOLAR CREDIT APPLICATION

Please Email Completed Applications to:  
John.Yeh@NewEnergyPowerHawaii.com

## COMPANY INFORMATION

Legal Company Name:		Date Est. (Current Ownership):	
DBA (if any):		Fed Tax Id:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Company Contact:		Title:	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			

## PERSONAL INFORMATION

	Principal #1	Principal #2	Principal #3
Name			
Home Address			
City, State, Zip			
Home Phone			
Social Security #			
Title			
% of Business Ownership			
Email Address			

## FINANCIAL REFERENCES

Bank Name:		Acct #:
Contact:	Phone:	E-mail:
Bank Name:		Acct #:
Contact:	Phone:	E-mail:

## CREDIT RELEASE AND INFORMATION VERIFICATION

By signing this application, the applicant(s) certifies that all information contained herein, and all attachments hereto, are true, complete and accurate to the best of the applicant(s) knowledge and are made for the purpose of obtaining credit for business purposes. The applicant(s) hereby authorizes New Energy Power Hawaii, LLC and its assigns and/or affiliates to obtain consumer credit reports now and in the future as deemed necessary by New Energy Power Hawaii, LLC and its assigns and/or affiliates for purposes including but not limited to the evaluation and/or extension of the business credit requested, review of the applicant(s) account, taking collection action on the applicant(s) account, and any other legitimate purpose associated with the applicant(s) account. The applicant(s) further authorizes any government agency, bank or financial institution to release credit information on the applicant(s) to New Energy Power Hawaii, LLC and its assigns and/or affiliates. Each individual signing below waives any right or claim that such individual would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. Applicant agrees that submission of an electronic, photocopy or facsimile copy of a signed authorization shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. The applicant(s) further authorizes New Energy Power Hawaii, LLC to mail, fax or e-mail solicitations for future lease financing services or promotions to the applicant(s).

## SIGNATURES

Principal 1:	Name:	Date:
Principal #2:	Name:	Date:
Principal #3	Name:	Date:

**PERSONAL FINANCIAL STATEMENT**

Complete this form for: (1) each partner/principal, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, Or (4) any other person or entity providing a guaranty on the loan.

Name:	Business Phone:
Residence Address:	Residence Phone:
Business Name of Applicant:	Email:

ASSETS	LIABILITIES
Cash on Hand/In Bank	Accounts Payable
Savings Accounts	Bank Notes Payable (Describe in Sect 2)
IRA or Other Retirement Acct.	Auto Notes
Notes Receivable	Mortgages on Real Estate (Describe in Se
Life Insurance - Cash Surrender Value Only	Unpaid Taxes (Describe in Sect 6)
Stocks and Bonds (Describe in Sect 3)	Other Liabilities (Describe in Sect 7)
Real Estate (Describe in Sect 4)	Loan on Life Insurance
Automobiles (Present Value)	Other 1
Other Personal Property (Describe in Sect 5)	Other 2
Other Assets (Describe in Sect 5)	
<b>TOTAL ASSETS:</b>	<b>TOTAL LIABILITIES:</b>

**SECTION 1- SOURCES OF MONTHLY INCOME AND DEBT**

Salary	Mortgage/Rent
Net Investment Income	Car Payments
Real Estate Income	Other Notes Payable
Other:	Other Payables
Other:	Other Payables
<b>TOTAL INCOME:</b>	<b>TOTAL EXPENSES:</b>

Description of Other Income listed in Section 1

**SECTION 2 - Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be signed)**

Name and Address of Note Holders(s)	Original Balance	Payment Amt.	Frequency (Monthly, etc)	How Secured - Type of Collateral

**SECTION 3 - Stocks and Bonds (Use attachments if necessary. Each attachment must be signed)**

Name of Security	# of Shares	Symbol	Value/Share	Total Value

**SECTION 4 - Real Estate Owned**

	Property 1	Property 2	Property 3
Type of Property			
Name of Title Holder			
Address of Title Holder			
Date Purchased			
Original Cost			
Current Market Value			
Name of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Pmt Amt. per Month			
Income Per Month			
Mortgage Maturity Date			

**SECTION 5 - Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, terms of payments, and if delinquent, describe delinquency)**


**SECTION 6 - Unpaid Taxes (Describe type, to whom payable, due date, amount and to what property, if any, a tax lien attaches)**


**SECTION 7 - Other Liabilities (Describe in Detail)**


**SECTION 8 - Life Insurance Held (Give face value & cash surrender values of policies, name of insurance company and beneficiaries)**


I authorize New Energy Power Hawaii, LLC or assignee to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a lease or loan or guaranteeing one. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the US. Attorney General (Reference 18 U.S.C 1001).

Signature:

Date:

Social Security #: