

## CDC Checklist for Submitting Environmental Documents

Pre-Application ☐ Original Application ☐ Post Approval Review ☐ Resubmission ☐

To

Sacramento Loan Processing Center  
6501 Sylvan Road, Suite 111, Citrus Heights, CA 95610-5017

DATE: \_\_\_\_\_

Loan Information

Applicant Name: \_\_\_\_\_  
OC Name(s) (if applicant is an EPC): \_\_\_\_\_  
E504 Number (if issued): \_\_\_\_\_  
Loan Amount: \_\_\_\_\_  
NAICS Code (present, if none - please explain): \_\_\_\_\_  
NAICS Code (past, all known): \_\_\_\_\_  
Proposed future use of Property: \_\_\_\_\_  
Day Care built before 1980 ☐ after 1980 ☐ Gas Station ☐ Dry Cleaners ☐

CDC Information

CDC: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Property  
Information

**Property Address Listed on Loan Authorization (Pre-App show address to be listed on authorization):**

\_\_\_\_\_  
Street, City, State/Zip

**Property Address Listed on the Environmental Document:**

\_\_\_\_\_  
Street, City, State/Zip

*Note: If the addresses do not match, please attach a letter of explanation and /or documentation showing that the properties are the same. If a loan number has been issued, please submit a 327 action as necessary to modify the authorization to correct the discrepancy. Attach a copy of the approved 327 action to avoid delays.*

Project  
Information

- ☐ Purchase Land and New Construction  
☐ Purchase Land and Building with Renovations (no construction)  
☐ Purchase Unit in Multi-Unit Building (condominium)  
☐ Additional Collateral Property (other than the project property)  
☐ Other (describe): \_\_\_\_\_

Environmental  
Documents

- ☐ Environmental Questionnaire (EQ) Date: \_\_\_\_\_  
☐ Records Search and Risk Assessment (An EQ is also required) Date: \_\_\_\_\_  
☐ Transaction Screen Analysis (Reliance Letter & Ins. required) Date: \_\_\_\_\_  
☐ Phase I Assessment (Reliance Letter & Ins. required) Date: \_\_\_\_\_  
☐ Phase II Assessment (Phase I, Reliance Letter & Ins. required) Date: \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_

CDC Signature

Signature: \_\_\_\_\_  
Name/Title: \_\_\_\_\_  
Date: \_\_\_\_\_

*Note: Electronic signature is acceptable.*

CDC Comments

☐ Comments (must be provided): \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: