

REQUEST FOR QUALIFICATIONS

**LEASE-LEASEBACK SERVICES
SOLANO COMMUNITY COLLEGE DISTRICT
BUILDING 600
FAIRFIELD, CA**

**ATTACHMENT RFQ-2
DECLARATION OF FINANCIAL CONDITION**

To be submitted with the Statement of Qualifications and the **Audited or Reviewed Financial Statements.**
(For Individual, Partnership, or Corporation)

Name (Name of Individual, Partner, or Officer)

If an individual, doing business as _____

Declares that: I am _____(capacity) of the _____(entity) submitting the Statement of Financial Condition; that I have read the Statement of Financial Condition and am familiar with the accounting records from which it was prepared; and that the Statement of Financial Condition is a true and accurate statement of _____(my or the) financial condition of _____(the partnership or firm) as of its date.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration was subscribed at:

_____, _____
City County

State of _____ on _____
Date

(Individual, Partner or Officer must sign here)

For Partnership only:

The foregoing declaration is hereby affirmed

(Remaining Partners of firm sign here)