



**CAPITOL AREA REGIONAL CENTER™**  
**888 SIXTEENTH STREET NW, SUITE 800**  
**WASHINGTON, DC 20006**  
**T. 1-202-349-9848**  
**F. 1-202-355-1399**

## SUITABILITY EVALUATION

### PERSONAL INFORMATION (Print)

APPLICANT NAME: \_\_\_\_\_

GENDER: \_\_\_ DATE OF BIRTH: \_\_\_ YR \_\_\_ MO. \_\_\_ DAY

PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

ID CARD NO. \_\_\_\_\_ COUNTRY OF ISSUE: \_\_\_\_\_  
*NOTE: Identification card or passport number, including country of issuance or US taxpayer identification number.*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY/PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_ HOME: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MARITAL STATUS: \_\_\_S\_\_\_M\_\_\_ DIVORCED/WIDOW: \_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTRY/PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_ OTHER COMP: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_

GENDER: \_\_\_ DATE OF BIRTH: \_\_\_ YR \_\_\_ MO. \_\_\_ DAY

PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

ID CARD NO. \_\_\_\_\_ COUNTRY OF ISSUE: \_\_\_\_\_  
*NOTE: Identification card or passport number, including country of issuance or US taxpayer identification number.*

CHILDREN (Under the age of 21):

NAME: \_\_\_\_\_

GENDER: \_\_\_ DATE OF BIRTH: \_\_\_ YR \_\_\_ MO. \_\_\_ DAY

NAME: \_\_\_\_\_

GENDER: \_\_\_ DATE OF BIRTH: \_\_\_ YR \_\_\_ MO. \_\_\_ DAY

HAVE YOU OR YOUR SPOUSE PREVIOUSLY VISITED THE UNITED STATES?  YES  NO

BEEN REFUSED ADMISSION?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE EVER FILED FOR BANKRUPTCY OR BEEN CONFLICTED OF A CRIME?

YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

**VERIFICATION:** Please supply copies or send via fax or email two (2) of the following for the Applicant or Applicant and Spouse as applicable:

- Valid government issued driver's license including photograph
- Valid passport
- National Identity card with photograph

**CONFIDENTIAL**

**FINANCIAL CONDITION**

DOES YOUR FAMILY MEET ONE OR BOTH OF THE FOLLOWING\*?

1. US\$200,000 ANNUAL INCOME THIS YEAR *and* PAST 2 YEARS:     YES     NO; **OR**
2. NET WORTH IN EXCESS OF US\$1,000,000:     YES     NO

**DELIVERY INSTRUCTIONS**

Sign and send this Evaluation via the following (please retain a copy for your records):

1. IN PERSON TO: A CARc™ REPRESENTATIVE, *OR*
2. BY EMAIL TO: INFO@EB5DC.COM, *OR*
3. VIA FAX TO GCMA: 1-888-317-4880

Please remember to include copies of the required two forms of identification.

**INVESTMENT & ACKNOWLEDGEMENT**

PROPOSED MINIMUM INVESTMENT AMOUNT:

- USD\$500,000-TEA Only     USD\$1,000,000

Pursuant to CARc™ and Fund bank policies to obtain information needed to comply with applicable rules regarding knowledge of the identity of their investors and customers, and to induce CARc™ to provide the Applicant with an Application to participate, Offering and Subscription documents for CARc Job Funds, Applicant hereby provides the information contained herein, including evidence of identity, the proposed amount expected to be deposited in escrow upon subscription to the Fund and invested therein upon approval of Investor’s visa petition (I-526), a specimen signature of the Investor, and certain additional information about the Applicant’s financial status, family members and background.

Applicant acknowledges that the determination of suitability of the Applicant to be offered an opportunity to invest in a CARc™ approved Job Fund and to participate in its EB-5 Immigrant Investor Program are at the sole discretion of CARc™, and further subject to Applicant’s submission of a fully completed Application and due diligence thereof by CARc™.

*Applicant hereby acknowledges that CARc™ and the depository banks will rely on the accuracy of the information provided by Applicant and contained in this form, and furthermore represents to CARc™ and such banks that the information contained herein is true and correct as of this date.*

SIGNATURE OF APPLICANT:

\_\_\_\_\_

SIGNED ON THIS \_\_\_\_ DAY OF \_\_\_\_ MONTH \_\_\_\_ YEAR

WITNESS:

\_\_\_\_\_

PRINT WITNESS NAME:

\_\_\_\_\_

\*The Dodd-Frank Wall Street Reform and Consumer Protection Act enacted into law in July 2010 requires that an individual’s primary residence be excluded when computing net worth for purposes of the net worth test applicable to the “accredited investor” exemption under Reg D of the the Securities Act of 1933.

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