

# SUBCONTRACTOR'S APPLICATION FOR PAYMENT

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

PROJECT: \_\_\_\_\_ CONTRACT NO. \_\_\_\_\_

PAYMENT REQUEST NO. \_\_\_\_\_ PERIOD \_\_\_\_\_, 20\_\_ TO \_\_\_\_\_, 20\_\_

### STATEMENT OF CONTRACT ACCOUNT:

1. Original Contract Amount	\$ _____
2. Approved Change Order Nos. _____ (As per attached breakdown)(Net)	\$ _____
3. Adjusted Contract Amount	\$ _____
4. Value of Work Completed to Date (As per attached breakdown)	\$ _____
5. Value of Approved Changes Orders Completed (As per attached breakdown)	\$ _____
6. Materials Stored on Site (As per attached breakdown)	\$ _____
7. Total to Date	\$ _____
8. Less Amount Retained ( _____ %)	\$ _____
9. Total Less Retainage	\$ _____
10. Less: Previous Payments (Deduct)	\$ _____
11. AMOUNT DUE THIS REQUEST	\$ _____

### CERTIFICATE OF THE SUBCONTRACTOR:

I hereby certify that the work performed and the materials supplied to date, as shown on the above, represent the actual value of accomplishment under the terms of the Contract (and all authorized changes thereto) between the undersigned and \_\_\_\_\_ relating to the above referenced project.

I also certify that payments, less applicable retention, have been made through the period covered by previous payments received from the contractor, to (1) all my subcontractors (sub-subcontractors) and (2) for all materials and labor used in or in connection with the performance of this Contract. I further certify that I have complied with Federal, State and local tax laws, including Social Security Laws and Unemployment Compensation Laws and Workmen's Compensation Laws insofar as applicable to the performance of this Contract.

Furthermore, in consideration of the payment received, and upon receipt of the amount of this request, the undersigned does hereby waive, release and relinquish all claim or right of lien which the undersigned may now have upon the premises above described except for claims or right of lien for contract and/or change order work performed to the extent that payment is being retained or will subsequently become due.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Subcontractor)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By: \_\_\_\_\_  
(Authorized Signature)  
Title: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

*If sales tax detail is required for this job the attached sheet must be completed for payment to be processed.*

**PLEASE NOTE-THIS FORM MUST BE NOTARIZED**