

SUBCONTRACTOR'S APPLICATION AND CERTIFICATE FOR PAYMENT

TO CONTRACTOR:

PROJECT:

APPLICATION NO.
PERIOD TO:
JOB NO.:

FROM SUBCONTRACTOR:

CONTRACT DATE:

CONTRACT FOR:

SUBCONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment as shown below, in connection with the Contract.

- 1. ORIGINAL CONTRACT SUM \$ _____
- 2. Net change by Change Orders \$ _____
- 3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$ _____
- 4. TOTAL COMPLETED & STORED TO DATE \$ _____

5. RETAINAGE:

- a. ____% Of Completed Work \$ _____
 - b. ____% of Stored Material \$ _____
- Total Retainage

6. TOTAL EARNED LESS RETAINAGE \$ _____
(Line 4 less Line 5 total)

7. LESS PREVIOUS CERTIFICATES OF PAYMENT \$ _____

8. CURRENT PAYMENT DUE \$ _____

9. BALANCE TO FINISH, INCL. RETAINAGE \$ _____
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Contractor		
Total approved this Month		
TOTAL		
NET CHANGES by Change Order		

The undersigned Subcontractor certifies that to the best of the Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Subcontractor for Work for which previous Certificates for Payment were issued and payments received from the Contractor; and that current payment shown herein is now due.

SUBCONTRACTOR:

By: _____ Date: _____

State of:

County of:

Subscribed and sworn to before me this _____ day of _____

Notary Public:

My Commission expires: _____

Approved By: _____

Date: _____

CONTINUATION SHEET

In tabulation below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.
 APPLICATION DATE:
 PERIOD TO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E) (INVOICES MUST BE ATTACHED)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					

RELEASE

State of _____)
) SS.:
County of _____)

_____ being duly sworn deposes and says that he/she is _____ of _____ a subcontractor (hereinafter called "Subcontractor") of William H. Lane Incorporated of Project _____, that all parties who have furnished labor and/or materials for the Subcontractor in connection with the aforementioned Project, have been paid in full for all labor and/or materials so furnished up to _____ except as follows:

(Insert Date of Requisition)

(Insert "None" or names and addresses and amounts unpaid), attach schedule if necessary.

By signing below, the Subcontractor releases William H. Lane Incorporated, its agents, heirs, successors or assigns from any claim or claims of whatever nature for materials furnished, labor performed or expense incurred due to date which is not included in this requisition or noted as follows:

(Insert "None" or list claims), attach schedule if necessary.

In addition, the Subcontractor hereby agrees to indemnify and hold William H. Lane Incorporated harmless from any and all damages, costs, expenses, demands, suits and attorney's fees, directly or indirectly relating to any claim or lien by any party for work, labor, services, materials, and/or equipment which relates to work that was performed or should have been performed by or for the Subcontractor through _____.

(Insert Date of Requisition)

This affidavit is made by the Subcontractor for the purpose of obtaining payment from William H. Lane Incorporated of the Requisition on the front of this document.

Subscribed and sworn to before me
This _____ day of _____, 200__

Notary Public

SUBCONTRACTOR DISCLOSURE

THIS PAGE IS REQUIRED TO BE UPDATED EACH MONTH AND ATTACHED TO YOUR BILLING.

Job Name: _____

Job No.: _____

Subcontractor: _____

Billing Period Thru: _____

Address: _____

Phone No.: _____

Date: _____

Please furnish the information requested below for any subcontractor or supplier you will be utilizing for the above referenced project and whose services will exceed \$5,000. Each month this should be a continuation from last month's form (not specifically for the current month's billing). If not applicable, indicate as such and sign below.

Subcontractors and Suppliers

Company	Sub or Supplier?	Address	Telephone #	Contact/E-Mail

(attach additional pages if required)

Labor Union Affiliations

Union & Local No.	Address	Telephone #	Contact/E-Mail

I certify to the best of my knowledge and belief that this is a complete and accurate listing of subcontractors, material and equipment suppliers and labor organizations with which we will be associated in conjunction with the project named above.

Signature: _____

Name/Title: _____

_____ Reviewed/Approved by PM