



Contractors • Construction Managers • Design/Build

Subcontractor's Application For Payment And Affidavit

179 Industrial Park Drive P.O. Box 556
Waynesville, NC 28786 Tel. 828-452-4500 Fax 828-452-3411

From: _____

Project: _____ Subcontract #: _____

Payment Request # _____ Period From: _____ To: _____

STATEMENT OF CONTRACT AMOUNT:

1. Original Contract Amount	\$ _____
2. Approved Change Order Amount	\$ _____
3. Contract Sum to Date (Lines 1+2)	\$ _____
4. Value of Work Completed <i>To Date</i>	\$ _____
5. Materials Stored on Site <u>(breakdown must be attached)</u>	\$ _____
6. Total Value of Work Completed to Date & Stored Materials (Lines 4+5)	\$ _____
7. Less Retainage Based on Contract (_____% of Line 6)	\$ _____
8. Subtotal of Amount Due to Date (Line 6 minus Line 7)	\$ _____
9. Previous Amounts Paid for Completed Work	\$ _____
10. Amount Due This Application (Line 8 minus Line 9)	\$ _____

SUBCONTRACTOR'S AFFIDAVIT AND RELEASE OF LIENS

Under penalty or perjury, the undersigned Subcontractor certifies that the work covered by this Application For Payment has been completed in accordance with the Contract Documents. The undersigned further certifies that to the best of his knowledge, information, and belief, all suppliers of material and equipment, all sales taxes, all performers of work, labor or services, who have or may have liens against any property of the Owner arising in any manner out of the performance of the Subcontractor referenced above, have been paid and there are no outstanding claims by or on behalf of Subcontractor against the Owner or the Contractor for any additional money, costs or damages or claims arising from delay, from the denial or the granting any Change Order, or from claims of any kind or nature except for the remaining balance to be due under the Subcontract Agreement, if any. THE UNDERSIGNED, ITS PRINCIPALS AND OFFICERS, UNDERSTAND THAT THE OWNER AND CONTRACTOR ARE RELYING ON THIS CERTIFICATION TO MAKE THIS PAYMENT AND UPON RECEIPT OF PAYMENT OF THIS APPLICATION, does hereby waive and release any and all liens, or right to or claim of lien, on the above-described project and premises on account of labor or materials, or both, heretofore furnished by the undersigned.

By: _____

Title: _____

Date: _____

Witnessed By: _____

FOR CLARK & LEATHERWOOD OFFICE USE ONLY

Posted Date	
Paid Date	
Check Number	
Amount	

Job	Phase	Cat.	G/L	Amount

Job Superintendent
Approval: _____

Project Manager
Approval: _____



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Provide breakdown of work and cost codes per items listed in Article 3B of your Subcontract.

Project: _____ Subcontract #: _____

Application # _____ Application Date: _____ Period To: _____

Item Number	Cost Code	Description of Work	Value of Work Drawing For	Balance to Finish
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
Totals			\$	\$