

**SUBCONTRACTOR
APPLICATION FOR PAYMENT**

PROJECT: _____ FROM: _____
Subcontractor Name

APPLICATION / DRAW #: _____
Subcontractor Address

PERIOD COVERED: _____
Subcontractor City, State, Zip

For Office Use Only:

1.	Original Contract Amount		\$ _____	\$ _____
2.	Change Orders	(+/-)	\$ _____	\$ _____
3.	Contract Total And Change Orders	(=)	\$ _____	\$ _____
4.	Backcharges	(-)	\$ _____	\$ _____
5.	Final Revised Contract Amount		\$ _____	\$ _____
6.	Amount Completed This Period		\$ _____	\$ _____
7.	Retainage This Period	(-)	\$ _____	\$ _____
8.	Backcharge This Period	(-)	\$ _____	\$ _____
9.*	Current Payment Due	(=)	\$ _____	\$ _____
10.	Value of Work Completed to Date(_____ %)		\$ _____	\$ _____
11.	Total Retainage	(-)	\$ _____	\$ _____
12.	Total Earned Minus Retainage	(=)	\$ _____	\$ _____
13.	Backcharges to Date	(-)	\$ _____	\$ _____
14.	Total Less Retng & Backcharges	(=)	\$ _____	\$ _____
15.	Amount Previously Applied For	(-)	\$ _____	\$ _____
16.*	Current Payment Due	(=)	\$ _____	\$ _____

* Line 9 and line 16 must equal.

Provide a complete list of all subcontractors and suppliers who have supplied work, labor, material or equipment **during the period specified above**. All listed subcontractors & suppliers will be required to submit lien releases.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

AFFIDAVIT

All suppliers and subcontractors have been paid in full for the previous month.

Signed this _____ day of _____, 20____. Signed: _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ as _____ of _____

_____ who is personally known to be the person described or who has produced _____ as

identification and who did (did not) take an oath.

<p>For Office Use Only</p> <p>Job : _____</p> <p>Item # _____</p> <p>PM Approval: _____</p> <p>Date: _____</p> <p>Amount: _____</p> <p>Retainage: _____</p> <p>EXP: <input type="checkbox"/></p>

Notary: _____

My Commission Expires: _____

