

## SUBCONTRACTOR'S APPLICATION FOR PAYMENT

TO: JC Curtis Construction Co., LLC  
 FROM: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PROJECT NAME: \_\_\_\_\_ PROJECT NUMBER: \_\_\_\_\_  
 PAYMENT REQUEST # \_\_\_\_\_ PO NUMBER: \_\_\_\_\_  
 FOR PERIOD ENDING: \_\_\_\_\_

**STATEMENT OF SUBCONTRACT AMOUNT:**

1. Original Contract Amount	\$ _____
2. Approved Change Orders	\$ _____
3. Adjusted Subcontract Amount (Add lines 1 and 2)	\$ _____
4. Value of Work Completed to Date (from SOV page 2)	\$ _____
5. Materials Stored on Site (as per list)	\$ _____
6. Total to Date ( Add lines 4 and 5)	\$ _____
7. Retainage	\$ _____
a. <u>10%</u> % of Completed Work	\$ _____
8. Total Less Retained (Subtract line 7 from 6)	\$ _____
9. Less Previous Applications	\$ _____
10. Current Payment Due, This Application:	\$ _____
11. Contract Balance (Including Retainage)	\$ _____

**Optional Payment Discounts** (Circle and initial any payment Discount if so desired)

a. <u>6%</u> Upon Receipt 07 days - Initial _____	\$ _____
b. <u>3%</u> Upon Receipt 14 days - Initial _____	\$ _____

JC Curtis reserves the option to accept or decline any discount offered.

Office Use	
AA	
AA	
AA	
PM	
AA	
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PM	
PM	
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W-9	

**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 subcontract (and all authorized charges thereto) between the undersigned and JC Curtis Construction relating to the above referenced contract.

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 Subcontract. I further certify I have complied with Federal, State and Local Tax laws, including Social Security laws and Unemployment Compensation laws and Workman's Compensation laws insofar as applicable to the performance of this Subcontract.

State of: \_\_\_\_\_  
 County of: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me

BY: \_\_\_\_\_  
 (authorized signature)

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
 \_\_\_\_\_ Personally known to me \_\_\_\_\_ Produced as Identification

TITLE: \_\_\_\_\_

(type of identification)

Notary Signature \_\_\_\_\_

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

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

**SUBCONTRACTOR'S APPLICATION FOR PAYMENT  
Schedule of Values Page 2**

TO: JC Curtis Construction Co., LLC  
 FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_  
 PAYMENT REQUEST # \_\_\_\_\_

PO NUMBER: \_\_\_\_\_  
 FOR PERIOD ENDING: \_\_\_\_\_

ITEM# / CODE#	CO#	DESCRIPTION OF WORK	SCHEDULED VALUE	% COMPLETE	TOTAL COMPLETED AND STORED TO DATE
<b>Change Orders</b>					
	1				
	2				
	3				
	4				
	5				
		Total Contract Value:			

Total Complete:  0.00  
 (Line 4 of cover page)

# Release of Lien Upon Payment

The undersigned, in consideration of the sum of: \_\_\_\_\_ waves the right to file or otherwise claim any mechanic's, materialmen's, or other lien against the aforementioned Project or bonds.

Project Name: \_\_\_\_\_ Pay App: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Through Date: \_\_\_\_\_

**This release is conditioned upon payment of the consideration described above. It is not effective until said payment is received in paid funds.**

Below is the list of Sub-Subcontractors and/or Suppliers used on this project. A Conditional Release of Lien must be provided by all sub-subcontractors or suppliers with an outstanding balance. I hereby attest and personally guarantee that all services, labor and materials purchased for this project are paid in full or will be paid in full for services and materials rendered for this project through the date specified above.

Sub-Subs and/or Suppliers	Address	City/ State	Zip Code	Phone #	Amt Owed

Subcontractor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By: \_\_\_\_\_ (Subcontractor required to sign)

I attest that I am duly authorized to make this affidavit

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State of: \_\_\_\_\_

County Of: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (date)  
 By \_\_\_\_\_ (name), as \_\_\_\_\_ (title) of \_\_\_\_\_ (name of corporation, sole proprietor, LLC, etc.) a \_\_\_\_\_ (state) corporation, on behalf of the corporation. He/ She \_\_\_\_\_ is personally known to me, or has produced / \_\_\_\_\_ his/her \_\_\_\_\_ (state) drivers license, or / \_\_\_\_\_ / his / her \_\_\_\_\_ (type of identification) as identified.

\_\_\_\_\_  
 (Notary's Signature)

\_\_\_\_\_  
 (Printed Name)

Notary Public, State of \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_