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| --- | --- | --- | --- |
| State Seal | **NYS Homes and Community Renewal**  **Office of Finance and Development**  **Final Payment Document Checklist** | | State Seal |
| Site Address: | | SHARS ID #: | |
| Awardee/Owner: | | Date Submitted: | |

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| Are there DHCR/HTFC monies unexpended at the completion of this project?  Yes  No Amount: |

List of items needed for payment at closeout (Check if attached):

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| --- | --- |
| Disbursement Request Support Documentation form | DSU architect closeout memo(if applicable) |
| The final AIA Form G702 Application and Certificate for Payment | Fire and Liability insurance policies |
| The final AIA G703 Continuation Sheet | Cost certification |
| AIA Form G704 Certificate for Substantial Completion | As-built drawings (if applicable) |
| AIA G706 Contractor’s Affidavit of Payment of Debits and Claims | Standard lease (if applicable) |
| AIA Form G706A Contractor’s Affidavit of Release of Liens | Four color 5 x 7 prints of completed project |
| Copies of all DHCR/HTFC approved Change Orders | Rent Registration forms (if applicable) |
| Certificate of Occupancy – Enter date - | Lien Bond/Indemnity Bond (if applicable) |
| Required licenses from regulatory agencies (if applicable) | Awardees Project Manual |
| Evidence of all permanent financing in place (if applicable) | HUD Project Completion Report (if applicable) |
| Initial Occupancy/Rent Status report form (if applicable) | Mechanical Warranties |
| Evidence of registration with DHCR for all projects governed by Rent Stabilization or ETPA (if applicable) |  |

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| **Certification**  In signing below, I certify that all representations and warranties contained in previous documents executed in conjunction with this project remain true and correct and that with the **final** payment, all the activities projected in the contract for this award have been completed, with the exception of a final independent certified audit. | | | | | | | | |
| Authorized Signature: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | Date: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **For Office Use Only** | | | | | | | | |
| All documents received. I recommend closeout of this contract. Final inspection held on: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Productivity report updated:: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_ |
| Supervisory Reviewer II: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **File two copies to Contract Administration Unit for non-HTFC programs; one copy of the entire Closing Package to Housing Asset Management Unit for all projects.** | | | | | | | | |