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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.** |