

TO: Director, Housing Management Bureau  
NYS Division of Housing and Community Renewal  
25 Beaver Street, NY, NY 10004

DATE: \_\_\_\_\_



FROM: Housing Authority/Company \_\_\_\_\_ DHCR # \_\_\_\_\_

SUBJECT: REQUEST FOR [ ] PARTIAL PAYMENT # \_\_\_\_\_ [ ] FINAL PAYMENT of the contract for \_\_\_\_\_

**INSTRUCTIONS:**

- For partial payment:** Submit original and two (2) copies of this form and supporting documentation to the Division for approval. Contractor/Consultant and Housing Authority/Company should retain one copy.
- For final payment:** Same as partial payment PLUS attach the following, where applicable: one copy of each prior partial payment approval; updated certificate of insurance for contractor/consultant; copy of warranty; copy of Release of Lien/Waiver from contractor; and, if P&P bonds were required, AIA Document G707, Consent of Surety Company to Final Payment.

**(FOR COMPLETION BY CONTRACTOR OR CONSULTANT)**

Payment is requested for work performed and material supplied as of \_\_\_\_\_ in full accordance with the terms and conditions of the above contract between \_\_\_\_\_ (Housing Authority/Company) and \_\_\_\_\_ (Contractor/Consultant).

TOTAL VALUE OF COMPLETED WORK TO DATE: \$ \_\_\_\_\_

I certify that the above statement of completed work to date is true and correct. I further certify that all bills and claims against the undersigned and his/her subcontractors for labor, material and equipment employed in the performance of this contract to the date of this requisition have been paid in full or released as required by said contract, except the bills and claims listed on the schedule attached. I further certify that the above schedule of unpaid bills and claims and the explanations therefore are correct in all respects.

Contractor/Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: (please print) \_\_\_\_\_

**(FOR COMPLETION BY DEVELOPMENT)**

CONTRACTOR PAYMENTS:

Total completed work to date = \$ \_\_\_\_\_  
 Less \_\_\_\_\_ % retained = \$ \_\_\_\_\_  
 Net amount earned = \$ \_\_\_\_\_  
 Less previous payments = \$ \_\_\_\_\_  
 Net amount payable = \$ \_\_\_\_\_

CONSULTANT PAYMENTS:

Completed basic fee to date = \$ \_\_\_\_\_  
 Total reimbursables to date = \$ \_\_\_\_\_  
 Total amount earned = \$ \_\_\_\_\_  
 Less previous payments = \$ \_\_\_\_\_  
 Net amount payable = \$ \_\_\_\_\_

Payment of \$ \_\_\_\_\_, the Net Amount Payable as detailed above, is approved. The total amount of the contract (including approved Change Orders, excluding reimbursable expenses) is \$ \_\_\_\_\_. Account # \_\_\_\_\_ will be charged with the amount of this contract payment. Contract (not applicable to consultants) has a guarantee period of \_\_\_\_\_ year(s) starting \_\_\_\_\_ 20\_\_\_\_.

I certify that I have checked and verified the above request for payment; that to the best of my knowledge and belief it is the true value of work to date performed and/or material supplied by the Contractor, and that all work and/or material has been inspected by me or by my duly authorized assistants and has been found in full accordance with the plans and specifications, and the terms and conditions of the contract.

Housing Authority/Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title (please print): \_\_\_\_\_

<b>(FOR DHCR USE ONLY)</b>		Date: _____
[ ] DISAPPROVED		
[ ] Payment of \$ _____ as recommended is approved.		
[ ] Modified payment of \$ _____ is approved.		
Comments:	DATE STAMP	
Reviewed by: _____ Title: _____		
Approved by: _____ Title: _____		
Circle Distribution: H.C. Pres., M.G.P., Man. Agt., H.A. Chairperson, Exec. Dir., MGMT., A&E, File		