PAYMENT APPLICATION

Application No: _____
Period To: _____

[Contractor Company Name]
[Address Line 1]
[Phone / Email]

TO (OWNER):
[Owner Name]
[Address Line 1]
PROJECT:
[Project Name/ID]
[Project Location]

DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED	MATERIALS STORED	TOTAL COMPLETED	%	BALANCE
TOTALS	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**0%**	**$0.00**

Original Contract Sum	$0.00
Net Change Orders	$0.00
Contract Sum to Date	$0.00

Total Completed to Date	$0.00
Less Retainage (____%)	($0.00)
Less Previous Payments	($0.00)
CURRENT PAYMENT DUE	$0.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents.

Contractor Signature

Date

Architect/Owner Approval