**Sworn Statement of Payment Obligations**

# Project:

Subcontractor:

Draw Number: (insert zero if not related to a draw)

Date of Pay App. (leave blank if not related to an application for payment)

That undersigned authorized representative of Subcontractor being duly sworn hereby warrants and certifies that the following is a complete and accurate list of each person or entity (including, without limitation, contractors, subcontractors, sub-subcontractors, vendors, supplier.

materialmen equipment companies and non-employee laborers) with whom the above-named Subcontractor has contracted (whether in writing or not) related to the above-referenced Project (other than TriArc Construction) and that the amounts paid or owed to such persons or entities as of the date hereof are correctly and fully set form opposite their names as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F(See Below)** | **G (See Below)** |
| **Name of Subcontractors.****Supplier, Etc.** | **Telephone** | **Service or Material Supplied** | **Total Amount that Will be Owed to this Sub. / Supplier for this Project (Contract Price)** | **Total Amount Previously Paid to this Sub. / Supplier for this Project** | **Total Amount Owed to this Sub, *I* Supplier for Previous Pay Applications which have not yet been paid** | **Amount Owed to this Sub / Supplier for this Pay Application - (Don’t include amounts from column F)** |
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| **Totals** |  |  |  |  |

## \*Subcontractor has furnished to TriArc Construction a waiver and release from each person or entity listed in Column A conditioned upon the payment of the sum of the amounts set forth opposite Its name in Columns F and G, or, if the sum of Columns F and G equal zero, then the waiver and release from such person or entity unconditional.

Subscribed and sworn to before me this Signed

 day of /20

## Printed Name

Notary Public

State of

## Date Signed

County of