| **Project Information** | |
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| **Subrecipient or State Representative’s Name:** | **Subrecipient or State Representative Contract:** |
| **Applicant Name and Address:** | **Project #:** |
| **Project Legal Description:** |  |
| **Project Type (Rehabilitation, Reconstruction, etc.):** | |

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| **Subcontractor Information** | |
| **Subcontractor Name and Address (“Subcontractor”):** | **Subcontractor Contract Number (if applicable):** |
| **Subcontractor Requested Amount: $** | |
| On receipt by the signer of this document, payment from the Contractor in the requested amount (listed above) payable to the aforementioned Subcontractor will be paid; subsequently, when the payment has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic’s lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer’s position that the signer has on the project’s legal description to fulfill the scope of the project.  This release covers the interim payment to the signer for all labor, services, equipment, or materials furnished to the property or to the Contractor as indicated in the attached statement(s) or interim payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.  Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.  The signer warrants that the signer has already paid or will use the funds received from this interim payment to promptly pay in full all of the signer’s laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or interim payment request(s).  Subcontractor further understand that this Affidavit is being given pursuant to and in accordance with Sections 53.085 and 53.259 of the Texas Property Code and that the intentional, knowing, or reckless making of a false or misleading statement in this Affidavit constitutes an offense under said Section and is a Class A misdemeanor.  The undersigned acknowledges that a failure to accurately certify full and final payment of all bills associated with this contract document will result in exclusion from participation in future contracts that utilize CDBG-DR funds.  Prior to payment, Form 11.11 will need to be submitted to the GLO along with Form SD-424D (Assurances – Construction Programs) and a complete insurance binder for the Subcontractor. The Subrecipient/State Representative is responsible for ensuring the Subcontractor remains insured through the project, and/or until their work is complete and satisfactorily agreed upon.  **Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.** | |

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| **Certification of Subcontractor** | | |
| **Printed Name of Subcontractor Company:** | | |
| **Name of Authorized Representative:** | | **Title:** |
| **Signature of Authorized Representative:** | | **Date:** |
| **Notary’s Acknowledgment** | | |
| **State of Texas**  **County of**  Before me, a notary public, on this day personally appeared  **,** known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct. | | |
| **Signature of Notary** | **NOTARY SEAL** | |
| **Notary Public State of Texas – Printed Name** |
| **Date Notary’s Commission Expires** |