

CERTIFICATE FOR PARTIAL RELEASE OF RETAINAGE

COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HOUSING AND LIVABLE COMMUNITIES

This form should originate with the Design Consultant

Contractor _____	Owner: _____	Housing Authority _____
_____	_____	_____
Phone _____	Phone _____	
Fax _____	Fax _____	
Development No _____	Period Ending _____	
Contract for: _____	FISH No: _____	

THE PARTIES AGREE THAT THE STATUS OF THE CONTRACT IS AS FOLLOWS:

I. CONTRACT TIME

- The Date of Substantial Completion is _____
- The Date of Substantial Completion as Extended by Change Order is _____
- The Actual Date of Substantial Completion is: _____
- Overrun in Contract Time _____

II. CONTRACT SUM

- The Original Contract Sum is _____ \$
- The Sum of Approved Change Orders to Date is _____ \$
- The Adjusted Contract Sum is _____ \$

LESS:

- Sum of authorized payments to date: _____ \$
- Sum of Moneitized Punch List _____ \$
- Sum of other claims by Owner _____ \$

III. THAT APPLICATION FOR PAYMENT NO. _____ IS DUE & PAYABLE IN THE AMOUNT OF: \$ _____

Copy Attached

THE UNDERSIGNED CONTRACTOR HEREBY CERTIFIES THAT: *The Contractor should complete items 1-5 and certify below*

- All Work, including work required under change order(s) _____ has been performed in accordance with the terms of the Contract.
- All changes to the Work (except minor modifications and field adjustments) have been authorized in writing by the Owner.
- All laborers and mechanics have been paid at least the minimum wage rates as set forth in the Contract, and
- There have been no claims made for infringement of any patent.
- By accepting the payment shown in line III the Contractor releases the Owner from any and all claims arising under the Contract except for those set forth in A-B below. However if the Owner does not pay the Contractor the full amount of the payment shown above, such reduction shall not affect the validity of this release. Rather, the amount not paid shall be considered as another claim asserted by the Contractor.

EXCEPTIONS: CONTRACTOR'S CLAIMS AGAINST OWNER

A. _____

B. _____

CERTIFIED: CONTRACTOR

In witness Whereof the Undersigned has signed and sealed this Instrument this _____ day of _____ 200 _____

Firm: _____

By: _____ Date: _____

Title: _____

Subscribed and Sworn before Me this ____ day of _____ 200 _____

Notary _____

My Commission Expires _____

CERTIFICATION OF HOUSING AUTHORITY BOARD VOTE:

The _____ Housing Authority met on _____ And voted to approve this Certificate and Payment

Certified: _____, Contract Officer

APPROVED: DESIGN CONSULTANT	REVIEWED: CONSTRUCTION ADVISOR	APPROVED: DIRECTOR CONST. MANAGEMENT UNIT
Firm: _____	Executive Office of Housing and Livable Communities	Executive Office of Housing and Livable Communities
By: _____	By: _____	By: _____
Date: _____	Date: _____	Date: _____