

# CERTIFICATE FOR PARTIAL RELEASE OF RETAINAGE

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

*This form should originate with the Architect*

Contractor \_\_\_\_\_ Owner: \_\_\_\_\_ Housing Authority \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Fax \_\_\_\_\_  
Development No \_\_\_\_\_ Period \_\_\_\_\_  
Contract for: \_\_\_\_\_ FISH No: \_\_\_\_\_

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

**I. CONTRACT TIME**

1. The Date of Substantial Completion is ..... \_\_\_\_\_

2. The Date of Substantial Completion as Extended by Change Order is ..... \_\_\_\_\_

3. The Actual Date of Substantial Completion is:..... \_\_\_\_\_

4. Overrun in Contract Time \_\_\_\_\_

**II. CONTRACT SUM**

1. The Original Contract Sum is ..... \$ \_\_\_\_\_

2. The Sum of Approved Change Orders to Date is ..... \$ \_\_\_\_\_

3. The Adjusted Contract Sum is ..... \$ \_\_\_\_\_

**LESS:**

4. Sum of authorized payments to date: ..... \$ \_\_\_\_\_

5. Sum of Moneitized Punch List..... \$ \_\_\_\_\_

6. Sum of other claims by Owner ..... \$ \_\_\_\_\_

**III. THAT APPLICATION FOR PAYMENT NO. \_\_\_\_\_ ISSUE & PAYABLE IN THE AMOUNT OF: \$ \_\_\_\_\_**

Copy Attached

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

1. All Work, including work required under change order(s) \_\_\_\_\_ has been performed in accordance with the terms of the Contract.

2. All changes to the Work (except minor modifications and field adjustments) have been authorized in writing by the Owner.

3. All laborers and mechanics have been paid at least the minimum wage rates as set forth in the Contract, and

4. There have been no claims made for infringement of any patent.

5. 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 \_\_\_\_\_ 20 \_\_\_\_\_

Firm: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
before me, the undersigned notary public, \_\_\_\_\_ personally appeared, proved to me  
through satisfactory evidence which was \_\_\_\_\_ to be the person whose name is  
signed on this document in my presence.

Notary Public: \_\_\_\_\_  
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

<b>APPROVED: ARCHITECT</b> Firm: _____	<b>REVIEWED: CONSTRUCTION ADVISOR</b> Dept of Housing & Community Development	<b>APPROVED: DIRECTOR CONST. MANAGEMENT UNIT</b> Dept of Housing & Community Development
By: _____	By: _____	By: _____
Date: _____	Date: _____	Date: _____