

CERTIFICATE OF FINAL COMPLETION

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 Ending _____	_____
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 other claims by Owner:..... \$ _____

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

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.

CERTIFIED: CONTRACTOR

In witness Whereof the Undersigned has signed and sealed this Instrument this _____ day of _____ 2000

Firm: _____

By: _____ Date: _____

Title: _____

State of _____ County of _____ On this _____ day of _____ 2000 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

APPROVED: ARCHITECT Firm: _____	REVIEWED: CONSTRUCTION ADVISOR Dept of Housing & Community Development	APPROVED: DIRECTOR CONST. MANAGEMENT UN Dept of Housing & Community Development
By: _____	By: _____	By: _____
Date: _____	Date: _____	Date: _____