

**CONTRACTOR'S FINAL PAYMENT AFFIDAVIT**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_ (the "Affiant"), who, after being first duly sworn, deposes and says of his or her personal knowledge the following:

- 1. Affiant is the \_\_\_\_\_ (title) of \_\_\_\_\_, which is a licensed general contractor in the state written above (the "Contractor"). Affiant is a duly authorized representative of Contractor.
- 2. Contractor, pursuant to a contract with \_\_\_\_\_ (the "Owner") has furnished, or caused to be furnished, labor, materials, and services for the construction of certain improvements to real property (the "Property") located at:

\_\_\_\_\_  
\_\_\_\_\_

- 3. This Affidavit is executed by Affiant for the purpose of obtaining final payment from the Owner in the amount of \$ \_\_\_\_\_ (the "Final Payment")
- 4. All work to be performed under the contract has been fully completed, and all lienors under the direct contract have been paid in full, except for the following:

NAME OF LIENOR:	AMOUNT DUE:
_____	_____
_____	_____
_____	_____

- 5. Upon receipt of the Final Payment, Affiant and Contractor shall expressly and unconditionally waive any lien rights that Contractor has or may have against, or with regard to, Owner or the Property. Additionally, Affiant and Contractor represent and warrant that there are currently no mechanic's or similar liens filed against the Property, nor is Affiant or Contractor aware of any threat of such liens being filed.
- 6. Affiant and Contractor know of no violations of any municipal ordinances or building codes pertaining to the Property.

**CONTRACTOR:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Acknowledgement**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
**Notary Public**

Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_