



Application for Payment

Rochester Housing Authority
Procurement Office
495 Upper Falls Blvd
Rochester, NY 14605

Payment requests may be submitted every 30 days. To insure prompt payment, the required Certified Payrolls, should be submitted weekly. Payment will not be processed until all Certified Payrolls are received.

Partial Payment Requests require:

1. This original, signed, 3-sheet form including this cover sheet and the HUD-51001 Periodic Estimate for Partial Payment. RHA staff will review request and forward to Architect for Certification.
2. The HUD-51002 Schedule of Change Orders if any change orders have been fully executed (a change order is fully executed when it is signed and a copy forwarded to contractor).
3. To request payment for stored materials, contact the Procurement Office for additional requirements.
4. The Final, Retainage Payment request, requires all of the above including the Form of Contractor's Certificate and Release.

Project Location: _____ Contractor: _____

Purchase Order #: _____ Application #: _____ Period end date: _____

I certify that all just and lawful bills against the undersigned and his subcontractors for labor, material and equipment employed in the performance of this contract have been paid in full in accordance with the terms and conditions of this contract, and that the undersigned and his subcontractors have complied with, or that there is an honest dispute with respect to, the labor provisions of this contract.

This request for progress payments does not include any amounts which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.

Signed (Contractor)	Print Name	Title	Date

To be completed by Architect after review by RHA staff

Architect's Certificate for Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the RHA that to the best of the Architect's knowledge, information and belief, the Work has progressed as indicated, in the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the Amount Certified.

AMOUNT CERTIFIED \$ _____

By, Architect _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the RHA or Contractor under this Contract.

Instructions

Headings. Enter all identifying data required. Periodic estimates must be numbered in sequence beginning with the number 1.

Columns 1 and 2. The "Item Number" and "Description of Item" must correspond to the number and descriptive title assigned to each principal division of work in the "Schedule of Amounts for Contract Payments," form HUD-51000.

Column 3. Enter the accumulated value of each principal division of work completed as of the closing date of the periodic estimate. Enter the total in the space provided.

Certifications. The certification of the contractor includes the analysis of amounts used to determine the net balance due. In the first paragraph, enter the name of the Public Housing Agency, the contractor, and the date of the contract. Enter the calculations used in arriving at the "Balance Due This Payment" on lines 1 through 16.

Enter the contractor's name and signature in the certification following line 16. The latter portion of this certification relating to payment of legal rates of wages, is required by the contract before any payment may be made. However, if the contractor does not choose to certify on behalf of his/her subcontractors to wage payments made by them, he/she may modify the language to cover only himself / herself and attach a list of all subcontractors who employed labor on the site during the period covered by the Periodic Estimate, together with the individual certifications of each.

Certification of the Contractor or Duly Authorized Representative

According to the best of my knowledge and belief, I certify that all items and amounts shown on the other side of this form are correct; that all work has been performed and material supplied in full accordance with the items and conditions of the contract between the (name of owner) ROCHESTER HOUSING AUTHORITY and (contractor) _____

dated and duly authorized deviations, substitutions, alterations, and additions; that the following is a true and correct statement of the Contract Account up to and including the last day of the period covered by this estimate, and that no part of the "Balance Due This Payment" has been received.

1. Original Contract Amount..... _____

Approved Change Orders

2. Additions (Total from Col.3, form HUD-51002)..... _____
3. Deductions (Total from Col.5, form HUD-51002)..... _____ (net) _____
4. Current Adjusted Contract Amount (line 1 plus or minus net)..... _____

Computation of Balance Due this Payment

5. Value of Original Contract work completed to date (from other side of this form)..... _____

Completed Under Approved Change Orders

6. Additions (from Col. 4, from HUD-51002)..... _____
7. Deductions (from Col.5, form HUD-51002)..... _____ (net) _____
8. Total Value of Work in Place (line 5 plus or minus net line 7)..... _____
9. Less: Retainage. _____ % _____
10. Net amount earned to date (line 8 less line 9)..... _____
11. **Less:** Previously earned (line 10, last Periodic Estimate)..... _____
12. Net amount due, work in place (line 10 less line 11)..... _____

Value of Materials Properly Stored

13. At close of this period (from form HUD-51004)..... _____
14. **Less:** Allowed last period..... _____
15. Increase (-decrease) from amount allowed last period..... _____
16. **Balance Due This Payment** (line 12 plus or minus line 15)..... _____

I further certify that all just and lawful bills against the undersigned and his subcontractors for labor, material, and equipment employed in the performance of this contract have been paid in full in accordance with the terms and conditions of this contract, and that the undersigned and his subcontractors have complied with, or that there is an honest dispute with respect to, the labor provisions of this contract.

Name of Contractor	Signature of Authorized Representative	Title	Date

Certificate of Authorized Project Representative and of Contracting Officer

Each of us certifies that he/she has checked and verified this Periodic Estimate No. _____; that to the best of his knowledge and belief that it is a true statement of the value of work performed and material supplied by the contractor; that all work and material included in this estimate has been inspected by him or by his authorized assistants; and that such work has been performed or supplied in full accordance with the drawings and specifications, the terms and conditions of the contract, and duly authorized deviations, substitutions, alterations, and addition, all of which have been duly approved.

We, therefore, approve as the "Balance Due this Payment" the amount of (Line 16 above).

Sr. PRS / BMS	Date		
Deputy Executive Director	Date	Director of Finance	Date

Reviewed by : _____ on _____

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)