COMMERCIAL INSPECTION FUNDING INSTRUCTIONS

PLEASE CALL ASI AT LEAST 48 HOURS PRIOR TO THE REQUESTED INSPECTION DATE.

FILL OUT APPLICATION FOR PAYMENT AS FOLLOWS ~ THIS FORM **MUST** BE SIGNED BOTH PARTIES. (OWNER AND BUILDER)

- **A)** LABEL EACH DESCRIPTION UNDER COLUMN "B".
- **B)** LABEL EACH VALUE UNDER COLUMN "C".
- **C)** LABEL EACH MONIES TO REQUEST UNDER COLUMN "E" OR "F".
- **D)** DISCUSS WITH ASI THE COMPLETION OF REMAINING COLUMNS FOR SUBMITTAL FOR PAYMENT

COMPLETE LIEN AFFIDAVIT AND/OR LIEN WAIVERS IF REQUIRED

(NOTE: LIEN WAIVERS ARE REQUIRED IN MASSACHUSETTS.)

PLEASE HAVE ALL PAPERWORK IN ORDER FOR INSPECTION DATE TO ENSURE TIMELY PROCESSING OF DISBURSEMENT.

PLEASE CONTACT ASI FOR INFORMATION ON DEPOSITS FOR ORDERING OF WINDOWS, CABINETS OR BUILDING PACKAGE.

IF YOU HAVE ANY QUESTIONS PLEASE CALL ASI AT ANY TIME MONDAY THROUGH FRIDAY, 9:00 AM ~ 5:00 PM. IF LEAVING A MESSAGE, **PLEASE REFER TO PROJECT NAME, BANK AFFILIATED AND CONTRACTOR WITH ALL MESSAGES.**

ASI 11A Hampton Road, Exeter, NH 03833 / Phone: 772-1180 / Fax: 772-1181

Rev. 11/29/06

COMMERCIAL APPLICATION FOR PAYMENT

ASI #	PROJECT:	CONTRACTOR:
REQ #		
DATE		

Change Orders approved in previous months by Owner	APPROVED	DEDUCTIONS
TOTAL		
Approved this Month		
Number / Date Approved		
TOTALS		
Net change by Change Orders		

1. ORIGINAL CONTRACT SUM . . . . . $_____
2. Net Change by Change Orders . . . . . $_____
3. CONTRACT SUM TO DATE (LINE 1+-2) . . . . . $_____
4. TOTAL COMPLETED & STORED TO DATE . . . . $_____
5. RETAINAGE:
   a. ____% of Completed Work $_____
   b.____ % of Stored Material $_____
   Total Retainage . . . . . $_____
   (line 5a + 5b)
6. TOTAL EARNED LESS RETAINAGE . . . . . $_____
   (LINE 4 - LINE 5 TOTAL)
7. LESS PREVIOUS PAYMENTS . . . . . $_____
   _____
8. CURRENT PAYMENT DUE . . . . . $_____
9. BALANCE DUE PLUS RETAINAGE . . . . . $_____

CUSTOMER

BY_____ DATE_____

CONTRACTOR

BY_____ DATE_____

Note: Any Application for Payment MUST BE SIGNED by both parties and ALL documents below attached (*)

Note:
* APPLICATION COVER SHEET
* APPLICATION CONTINUATION SHEET
* NOTARIZED AFFIDAVIT
* NOTICE & CERTIFICATION (when applicable)

INSPECTORS USE ONLY

APPROVED:_____

DATE:_____TIME:_____

DATE PROCESSED:_____

CONTINUATION SHEET

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED			TOTAL COMPL. AND STORED TO DATE (D+E+F)	% (G/C)	BALANCE TO FINISH (C-G)	RETAINAGE
				THIS APPLICATION					
			Previous Applications	Work in Place	Stored Material (not in D or E)				

LIEN AFFIDAVIT

(PLEASE PRINT CLEARLY IN ALL AREA'S EXCEPT SIGNATURE)

DATE OF THIS INSTRUMENT:_____ DAY OF_____, 200__

AMOUNT OF REQUESTED DISBURSEMENT: $

NAME OF BUSINESS REQUESTING FUNDS:_____

NAME OF INDIVIDUAL REQUESTING FUNDS:_____

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY: _____

_____

THE UNDERSIGNED MORTGAGOR (OWNER) OR MORTGAGOR'S AGENT (BUILDER/SUB-CONTRACTOR/SUPPLIER) HEREBY CERTIFIES TO THE CONSTRUCTION MORTGAGEE (BANK/LENDER), THAT ALL WORK FOR WHICH THE REQUESTED DISBURSEMENT IS TO BE MADE HAS BEEN COMPLETED AND THAT ALL SUB-CONTRACTORS AND OR THEIR SUPPLIERS OF MATERIAL AND, OR LABOR HAVE BEEN PAID FOR THEIR SHARE OF SUCH WORK OR WILL BE PAID OUT OF THIS DISBURSEMENT THROUGH THE DATE LISTED ABOVE.

_____

SIGN BY INDIVIDUAL REQUESTING FUNDS
(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)

TO BE FILLED OUT BY NOTARY PUBLIC

STATE OF:_____ COUNTY OF:_____

SUBSCRIBED AND SWORN TO BEFORE ME,THIS_____ DAY OF_____, 200___

NOTARY PUBLIC:_____

MY COMMISSION EXPIRES:

LIEN WAIVER

(PLEASE PRINT CLEARLY IN ALL AREA'S EXCEPT SIGNATURE)

TO ALL WHOM IT MAY CONCERN: ASI PACKAGE # _____

THE UNDERSIGNED BUSINESS: _____

TYPE OF WORK PERFORMED: _____

UNDER AN AGREEMENT WITH: _____

PROPERTY LOCATED AT: _____

_____

THE OWNERS OF SUCH PROPERTY ARE: _____

_____

THEREFORE, THIS _____ DAY OF _____, 200__, FOR AND IN CONSIDERATION OF THE SUM OF $_____, HAS BEEN PAID AND RECEIVED, THE UNDERSIGNED DOES HEREBY WAIVE AND RELEASE ANY LIEN RIGHTS TO, OR CLAIM OF LIEN WITH RESPECT TO AND ON SAID ABOVE DESCRIBED PREMISES, AND THE IMPROVEMENTS THEREON, AND ON THE MONIES OR OTHER CONSIDERATIONS DUE OR TO BECOME DUE FROM THE OWNER, ON ACCOUNT OF LABOR, SKILL, SERVICE, MATERIAL AND/OR EQUIPMENT FURNISHED BY THE UNDERSIGNED TO OR FOR THE ABOVE DESCRIBED PREMISES AND IMPROVEMENTS THEREON TO THIS DATE WITHOUT PREJUDICE TO ASSERT ANY LIEN AS TO FUTURE DELIVERY, PERFORMANCE OR FURNISHING THAT INCREASE TOTAL VALUE DELIVERED, PERFORMED OR FURNISHED TO MORE THAN THE AMOUNT STATED ABOVE.

1. ORIGINAL CONTRACT AMOUNT:	$
2. ADD CHANGE ORDERS:	$
3. TOTAL CONTRACT TO DATE:	$
4. TOTAL PAID TO DATE:	$
5. AMOUNT THIS DATE:	$
6: BALANCE REMAINING:	$

_____

Authorized Signature

_____

Printed Name / Title

_____ _____

Witness **Date**