

PROJECT: **The Apartments on the Hill**

SUBCONTRACTOR: **We Paint, Inc.**

APPLICATION NUMBER: **2** DATE: **10/1/11** thru **10/31/11**

FILL OUT THE HIGHLIGHTED AREAS WITH THE RELEVANT PAY APPLICATION INFORMATION

1. Original Contract Amount	\$	450,000.00
2. Net total Change Orders	\$	50,000.00
3. Current Contract Amount	\$	500,000.00
4. Earned To Date	\$	104,500.00
5. * Retainage @ 10%	\$	10,450.00
6. Total Earned Less Retainage	\$	94,050.00
7. Less Previous Applications (Value of Line 6 from previous Pay App.)	\$	36,000.00
8. Due This Estimate	\$	58,050.00
9. Unpaid Balance Of Contract	\$	405,950.00

LINE 6

NOTE:
* Modify the retainage amount as agreed to in the subcontract

INPUT THE VALUE FROM LINE 6 OF THE PREVIOUS PAY APPLICATION HERE, IF THIS IS PAY APPLICATION NUMBER 1, THEN THIS VALUE = 0

Change Order Summary	Additions	Deductions
Total Changes Approved in previous Months by Owner		\$ -
Total Approved this Month	\$ 50,000.00	
TOTALS	\$ 50,000.00	\$ -
NET CHANGES by Change Order		\$ 50,000.00

ENTER APPROVED CHANGE ORDER AMOUNTS HERE, MOVE ALL AMOUNTS TO THE UPPER BOX AFTER ONE MONTH

SKYBECK USE ONLY

Job No. _____ Approval _____

Cost Code _____

Cost Code _____

Cost Code _____

Cost Code _____

Cost Code _____

Cost Code _____

Date _____

Subcontractor / Vendor:
 Pay Application Number:
 Pay Application Date:
 Period to:

We Paint, Inc.
 2
 10/01/11
 10/31/11

INPUT YOUR SCHEDULE OF VALUES AMOUNTS IN COLUMN "C"

Retainage = 10%

A Item No.	B Description of Work	C Scheduled Value	F Work Completed		G Materials Presently Stored	SKYBECK USE ONLY			
			From Previous Applications	This Period		I Total Completed and Stored to Date (F+G+H)	J Percent Complete	K Balance to Finish (C-I)	L Retainage
	Tape and float apartment units	\$ 75,000	\$ 25,000	\$ 10,000		\$ 35,000	47%	\$ 40,000	\$ 3,500
	Exterior paint buildings 1 & 2	\$ 75,000	\$ 5,000	\$ 12,000	\$ 5,000	\$ 22,000	29%	\$ 53,000	\$ 2,200
	Interior paint buildings 1 & 2	\$ 80,000	\$ 10,000	\$ 15,000		\$ 25,000	31%	\$ 55,000	\$ 2,500
	Exterior paint buildings 3 - 5	\$ 100,000			\$ 5,000	\$ 5,000	5%	\$ 95,000	\$ 500
	Interior paint buildings 3 - 5	\$ 120,000		\$ 5,000		\$ 5,000	4%	\$ 115,000	\$ 500
	CHANGE ORDER 1 - Upgraded exterior paint	\$ 50,000		\$ 12,500		\$ 12,500	25%	\$ 37,500	\$ 1,250
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	GRAND TOTALS	\$ 500,000	\$ 40,000	\$ 54,500	\$ 10,000	\$ 104,500		\$ 395,500	\$ 10,450

THE SCHEDULE OF VALUES GOES IN THESE LINES (COLUMN "B"). INPUT AS MANY ITEMS AS NEEDED TO SHOW HOW YOU WILL BILL FOR YOUR WORK DURING THIS PROJECT. ADD ANY CHANGE ORDERS TO THE SCHEDULE OF VALUES AS SHOWN

GET THE VALUES FROM COLUMN "I" IN YOUR PREVIOUS PAY APPLICATION AND INPUT THEM IN COLUMN "F". THIS MUST BE DONE EVERY MONTH

INPUT WHAT YOU ARE BILLING FOR THIS MONTH HERE FOR EACH ITEM IN YOUR SCHEDULE OF VALUES (COLUMNS "G" AND "H")

THIS NUMBER MUST BE EQUAL TO YOUR SUBCONTRACT AMOUNT (INCLUDING CHANGE ORDERS IF ANY)

WHAT YOU STILL OWE TO YOUR VENDORS FROM PREVIOUS MONTHS. THESE VALUES SHOULD ALWAYS BE ZERO, OTHERWISE EXPLAIN WHY YOU HAVE NOT PAID YOUR VENDORS FOR COMPLETED WORK

SCHEDULE OF THIRD PARTY OBLIGATIONS

For all third party obligations which are included in this billing, or remain outstanding from a previous billing, list below all the names of all persons or firms furnishing goods or services (excluding only employees in the direct hire of Subcontractor or Vendor), a description of what was furnished, and the amount(s) included therefor in this request, amounts that remain outstanding from previous billings, amounts paid the third party from previous payments received from Contractor, and the total amount of the third party subcontract or purchase agreement. Attach a separate letter stating reasons and circumstances for non-payment of any obligations arising from previous billings for which payment has been received from the Contractor, unless due to retainage on subcontractors or vendors.

OWING (NAME OF FIRM OR INDIVIDUAL)	OWING FOR (ITEM DESCRIPTION)	INDICATE THE PORTION OF THE TOTAL OBLIGATION ARISING FROM			TOTAL
		AMOUNTS TO BE PAID FROM THIS BILLING	AMOUNTS UNPAID FROM PREVIOUS BILLING	AMOUNTS PAID FROM PREVIOUS BILLINGS	
SOMETOOL	Tools and equipment	8,000	0	6,000	14,000
Charmin-Williams	Exterior and interior paint	7,500	2,000	12,000	21,500
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					0
TOTALS (FOR COMPARISON WITH AMOUNT)		15,500	2,000	18,000	35,500

THIS WORKSHEET IS TO KEEP TRACK OF ALL YOUR 2ND TIER SUBCONTRACTORS AND SUPPLIERS/VENDORS. YOU MUST FILL IT OUT EVERY MONTH.

WHAT YOU WILL PAY EACH OF YOUR VENDORS THIS MONTH

WHAT YOU HAVE PAID YOUR VENDORS SO FAR IN PREVIOUS MONTHS

SUBCONTRACTOR CERTIFICATION:

I hereby certify that the work performed and the materials supplied to date, as shown above, represent the actual value of accomplishment under the terms of the Subcontract Agreement (and all authorized changes thereto) between the undersigned and Skybeck Construction, LLC relating to the above named project, and that work has been performed in a good and workmanlike manner free of defects; Further that any and all reports and affidavits related to the undersigned payroll on the within named project, together with those of its subcontractors, if and when required by the Contract Documents, have been promptly and accurately executed and delivered as directed by Contractos for all pay periods represented by this and prior billings.

I further certify that payments, less applicable retainage, have been made through the period covered by previous applications for payment to (1) all of my vendors, laborers, lessors of construction equipment, subcontractors and/or sub-subcontractors and (2) for all materials, services and labor used in or in connection with the performance of this Subcontract. I further certify that I have complied with Federal, State and local tax laws, including Social Security laws, Unemployment Compensation laws and Worker's Compensation laws insofar as is applicable to the performance of this Subcontract.

The undersigned has personally prepared and/or read and approved all statements and amounts set forth hereto, and certifies that he (she) is authorized to sign this request, acting for and on behalf of the firm named below. The undersigned individual and the firm making this request hereby jointly and severally acknowledge potential liability for fraudulent statements, misrepresentations or omissions having like effect contained in this request or attached hereto, and by which Contractor may suffer damage through reliance thereon in making payment hereunder.

Furthermore, in consideration of the payments received and upon receipt of the amount of this request, the undersigned does hereby waive, release and relinquish all claim or right of lien which the undersigned may now have upon the premises above described except for claims or rights of lien for contract and/or change order work performed to the extent that payment is being retained or will subsequently become due. In addition, all payments to suppliers, vendors and sub-subcontractors will be made upon receipt of payment for this pay period.

THIS BOX MUST BE COMPLETELY FILLED OUT AND AN ORIGINAL TURNED IN TO SKYBECK TOGETHER WITH YOUR PAY APPLICATION EVERY MONTH. THIS FORM MUST BE SIGNED AND NOTARIZED.

Subcontractor: _____ Federal Taxpayer ID No.: _____

Signed By : _____ Date: _____
(Signature of Authorized Agent or Corporate Principal Only)

Subscribed, Acknowledged and Sworn to before me, this _____ day of _____, _____

Notary Public: _____

Typed or Printed Name of Notary: _____