



Contractors Sworn Statement

Last Revised: 9/25/2019

Grant Information:

Resolution: _____ Date: _____ HCOA Number(s): _____ Date(s): _____
 Property Address _____

Services:

Person, Firm or Corporation Name, Address, and Telephone Number	Type of Labor and/or Materials Furnished	Amount Due	Amount Paid
TOTAL			

Statement:

THE UNDERSIGNED, being duly sworn, on oath deposes and says that he/she is the _____ (title) of _____ (person, firm or corporation) the contractor employed to furnish labor and materials for the _____ (description of work) ("Project") on the building(s) ("Premises") located at _____ (property address) and of which _____ (owner's name) is the owner.

That the persons, firms and corporations whose names have been set forth on this Sworn Statement are all of the persons, firms, and corporations hired by the undersigned to furnish services, equipment, labor, and/or materials in the completion of the Project on the Premises; that the dollar amount set opposite each person, firm, or corporation in this Sworn Statement is the exact and total amount due and **paid in full** to each such

person, firm, or corporation on account of labor, services, equipment, and/or materials furnished with respect to the Project on said Premises; that as of this date, all work to be performed with respect to the Project on said Premises by the undersigned or any suppliers or subcontractors of the undersigned or any of the persons, firms, or corporations named in this Sworn Statement, has been fully accepted by the owner and completed according to the plans and specifications.

The undersigned further states that all material has been furnished and has been paid for in full; that there are no other contracts or subcontracts for said Project outstanding, and that there is nothing due or to become due to any person for services, equipment, material, labor, or any other work done in connection with said Project. There are no chattel mortgages, personal property leases, conditional sale contracts, or any other agreements given or are now outstanding as to any fixtures, equipment, appliances, or material placed upon or installed in or upon the aforementioned Premises or improvements thereon. All waivers are true, correct, and genuine, and are delivered unconditionally. Furthermore, there is no claim, either legal or equitable, to defeat the validity of said waivers.

Authorized Signature: _____ Date _____

STATE OF ILLINOIS)
COUNTY OF _____)

I, the undersigned, a Notary Public, in and for said County and state aforesaid do hereby certify that _____ personally known to me to be the same person (s) whose name (s) are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed, and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this _____ Day of _____, 20_____.

NOTARY PUBLIC