



NEW HAMPSHIRE COMMERCIAL INSPECTION FUNDING INSTRUCTIONS

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

POST YELLOW "**NOTICE**" AND "**CERTIFICATION**" CARDS 48 HOURS PRIOR TO INSPECTION FOR FUNDING PURPOSES. (IF SUBJECT TO WEATHER, PLEASE USE PLASTIC SLEEVE)

FILL OUT APPLICATION FOR PAYMENT AS FOLLOWS ~ THIS FORM **MUST** BE SIGNED BY 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 COLUMN FOR SUBMITTAL FOR PAYMENT.

COMPLETE LIEN AFFIDAVIT. COLLECT AND SUBMIT LIEN WAIVERS, IF REQUIRED.

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.

PLEASE NOTE: THE ABOVE INSTRUCTIONS MUST BE FOLLOWED TO COMPLY WITH NH STATUTE #447.

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.**



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: _____

ASI 97-4

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



POSTING NOTICE

ANTICIPATED FUNDING DATE

PEN OR MARKER ONLY

ASI PKG. #

BANK NAME:

ADDRESS:
TOWN - STATE - ZIP

SITE ADDRESS:
.....
TOWN - STATE - ZIP

POSTED DATE:

POSTED TIME: AM PM

SIGNATURE:
CUSTOMER OR AGENT



CERTIFICATION

OF ANTICIPATED FUNDING DATE

PURSUANT TO RSA 447:12-b, III at least 48 hrs. prior to requesting any funds the mortgagor (or his agent) shall post in a conspicuous place on the site, the anticipated funding date for said requisition.

This is to certify that I have posted the attached notice at said job site on the date listed below.

ASI PKG. #

POSTED DATE:

POSTED TIME: AM PM

SIGNATURE:
CUSTOMER OR AGENT

WITNESS:
SIGNATURE

ASI USE ONLY