INSTRUCTIONS

This form may be used as written by an original contractor to fulfill the requirements of Tex. Prop. Code §§ 53.085, 53.258, 53.259; the wording may be modified if the affidavit is made for a subcontractor or supplier under Tex. Prop. Code § 53.085.

TDHCA requires Form 51-12 Bills Paid Affidavit to be submitted as written with the request for release of retainage. All form fields on the affidavit must be completed. The affidavit must be notarized.

The following is a list of all form fields that are present in the affidavit. Please refer to this list when preparing the affidavit for signature:

DATE Enter date that the affidavit will be executed, i.e. “JANUARY 1, 2013”.

**HOUSEHOLD/OWNER NAME** Enter name(s) of homeowners, i.e. “JOHN SMITH” or “JOHN SMITH and MARY SMITH”

CONTRACTOR NAME Enter name of Contract Administrator (or RSP Participant), i.e. “CITY OF ALLENTOWN”

CONTRACTOR MAILING ADDRESS WITH CITY, STATE, AND ZIP Enter address of Contract Administrator with city, state, and zip code, i.e. “1000 AVENUE A, ALLENTOWN, TX 77777”.

NAME OF AFFIANT, RELATIONSHIP TO CONTRACTOR Enter name of signer (“Affiant”) and his/her relationship to the Contract Administrator, i.e. “JAMES DOE, CITY MANAGER”.

AFFIANT MAILING ADDRESS WITH CITY, STATE, AND ZIP Enter address of *A*ffiant with city, state, and zip code. This may or may not be the same as the CONTRACTOR MAILING ADDRESS WITH CITY, STATE, AND ZIP, i.e. “1000 AVENUE A, ALLENTOWN, TX 77777” or “1001 AVENUE B SUITE 10, ALLENTOWN, TX 77778”.

PROJECT STREET ADDRESS Enter street address with city, state, and zip code of the assisted property, i.e. “555 MAIN STREET, ALLENTOWN, TX 77777”.

LEGAL DESCRIPTION OF PROPERTY Enter legal description of the assisted property as it appears on the title commitment or title report.

 **DESCRIPTION OF IMPROVEMENTS TO PROPERTY** Enter brief description of improvements, i.e. “Construction of a single-family residence and related improvements on the property described above” or “Foundation and framing of property described above”.

**NAME OF AFFIANT** Enter name of signer identical to NAME OF AFFIANT on Page 1.

**INSTRUCTIONS FOR TABLES:**

State “NONE” in the first column of *Table 1 – Exceptions to Bills Paid* and *Table 2 – Reliance Statement* *only* if all subcontractors, laborers and materialmen have been paid in full as of the date of the affidavit.

If additional rows are needed on *Table 1 – Exceptions to Bills Paid* and *Table 2 – Reliance Statement*, use the “*Tab”* key to create new rows. Each subcontractor, laborer, and/or materialman listed on *Table 1 – Exceptions to Bills Paid* should be represented on *Table 2 – Reliance Statement*.

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|  |

Form 51-12

 Bills-Paid Affidavit

Date: **DATE**

Owner: **HOUSEHOLD/OWNER NAME**

Owner’s Mailing Address: **HOUSEHOLD/OWNER MAILING ADDRESS WITH CITY, STATE, ZIP**

Contractor: **CONTRACTOR NAME**

Contractor’s Mailing Address: **CONTRACTOR MAILING ADDRESS WITH CITY, STATE, ZIP**

Affiant: **NAME OF AFFIANT,** **RELATIONSHIP TO CONTRACTOR**

Affiant’s Mailing Address: **AFFIANT MAILING ADDRESS WITH CITY, STATE, ZIP**

Property: **PROJECT STREET ADDRESS**, otherwise known as:  **LEGAL DESCRIPTION OF PROPERTY**

Improvements: **DESCRIPTION OF IMPROVEMENTS TO PROPERTY**

Affiant swears individually and on behalf of Contractor that the following statements are true and within the personal knowledge of Affiant:

1. Affiant has personal knowledge of the facts stated in this affidavit. Affiant has full authority to make the agreements in this affidavit on behalf of Contractor.

2. Affiant understands that Owner has required this affidavit as a condition of payment for labor or materials used in construction of the Improvements.

3. Contractor has paid each of Contractor’s subcontractors, laborers, and materialmen in full for all labor and materials provided to Owner or Contractor for construction of the Improvements,  excepting only the amounts owed to the persons identified on below:

|  |
| --- |
| *TABLE 1- Exceptions to Bills Paid* |
| Name of Payee | Address | Telephone No. | Amount Owed |
| 1.       |       |       |       |

|  |
| --- |
| *Table 2 – Reliance Statement*Contractor warrants and represents that the following specified bills or classes of bills will be paid by Contractor from the funds paid to Contractor by Owner in reliance on this affidavit:  |
| Name of Payee or Description of Class | Amount Owed |
| 1.       |       |

Contractor agrees to indemnify and hold Owner harmless from any loss or expense resulting from false or incorrect information in this affidavit.

**NAME OF AFFIANT**

SUBSCRIBED AND SWORN TO before me on  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by **NAME OF AFFIANT**.

Notary Public, State of Texas