Periodic Estimate for Partial Payment

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0157

(exp. 01/31/2014)

Submit original and one copy to the Public Housing Agency. Complete instructions are on the back of this form.

Public reporting burden for this collection of information is estimated to average 3.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S Housing Act of I937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Name of Public Housing Agency		Periodic Estimate Number			Period From (mm/dd/yyyy) To (mm/dd/yyyy)	
Location of Project		I			Project Number	
Name of Contractor					Contract Number	
Item Number (1)		Description of (2)	Item		Completed to Date (3)	
					\$	
	Value of Contract Work Comple	ted to Date (Transfe	er this total to line 5 on ba	nck of this sheet)		

Instructions

Headings. Enter all identifying data required. Periodic estimates must be numbered in sequence beginning with the number 1.

Columns 1 and 2. The "Item Number" and "Description of Item" must correspond to the number and descriptive title assigned to each principal division of work in the "Schedule of Amounts for Contract Payments", form HUD-51000.

Column 3. Enter the accumulated value of each principal division of work completed as of the closing date of the periodic estimate. Enter the total in the space provided.

Certifications. The certification of the contractor includes the analysis of amounts used to determine the net balance due. In the first paragraph, enter the name of the Public Housing Agency, the contractor, and the date of the contract. Enter the calculations used in arriving at the "Balance Due This Payment" on lines 1 through 16.

Enter the contractor's name and signature in the certification following line 16. The latter portion of this certification relating to payment of legal rates of wages, is required by the contract before any payment may be made. However, if the contractor does not choose to certify on behalf of his/her subcontractors to wage payments made by them, he/she may modify the language to cover only himself /herself and attach a list of all subcontractors who employed labor on the site during the period covered by the Periodic Estimate, together with the individual certifications of each.

Certification of the Contractor or Duly Auth According to the best of my knowledge and belie been performed and material supplied in ful	f, I certify that all items and amounts I accordance with the items and	I conditions of the c	ontract between the (name of owner)
dated $(mm/dd/yyyy)$, that the following is a true and correct statement of to fthe "Balance Due This Payment" has been received.	he Contract Account up to and includi		utions, alterations, and additions; eriod covered by this estimate, and that no part
1. Original Contract Amount Approved Change Orders:			\$
	2021 6		
 Additions (Total from Col. 3, form HUD-510 Deductions (Total from Col. 5, form HUD-510 	,	(net) \$	
4. Current Adjusted Contract Amount (line 1 pl		(1103) ‡	 \$
Computation of Balance Due this Payment			
5. Value of Original Contract work completed t	o date (from other side of this form)		\$
Completed Under Approved Change Orders			
6. Additions (from Col. 4, form HUD-51002)	\$		
7. Deductions (from Col.5, form HUD-51002)		(net) \$	
8. Total Value of Work in Place (line 5 plus or			\$
9. Less: Retainage,%10. Net amount earned to date (line 8 less li	ne 9)		\$
11. Less: Previously earned (line 10, last Period	dic Estimate) \$		
12. Net amount due, work in place (line 10 les Value of Materials Properly Stored	ss line 11)		\$
13. At close of this period (from form HUD-51	004)		\$
14. Less: Allowed last period			\$
 Increase (decrease) from amount allowed Balance Due This Payment 	ast period \$		\$
I further certify that all just and lawful bills against the of this contract have been paid in full in accordance complied with, or that there is an honest dispute with	e with the terms and conditions of this	s contract, and that the	
Name of Contractor S	ignature of Authorized Representative	Title	Date (mm/dd/yyyy)
Certificate of Authorized Project Representative Each of us certifies that he/she has checked and ve statement of the value of work performed and mate him/her or by his/her authorized assistants; and that terms and conditions of the contract, and duly authorized We, therefore, approve as the "Balance Due this Pa Authorized Project Representative	rified this Periodic Estimate Noerial supplied by the contractor; that a st such work has been performed or sorized deviations, substitutions, alteracyment" the amount of \$	all work and material in supplied in full accordations, and additions, a	cluded in this estimate has been inspected by since with the drawings and specifications, the II of which have been duly approved. Date (mm/dd/yyyy)
Warning: HUD will prosecute false claims and statem	nents. Conviction may result in criminal	and/or civil penalties. (1	8 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,
Previous editions are obsoleteref, Handbooks 7417	1 & 7450 1 form HUD-51001 (3/92) (3802)	