# Statutory Declaration of Payment Distribution

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| To be made by the Contractor prior to payment when required as a condition for either:  Second and subsequent progress payments; or  Release of holdback | | | | | | | |  |  | | | | | | | |
| Contract Reference Number: | | | | | | | |
|  | Date of This Application for Payment | | | | | | | |
|  | |  | | | |  | |
| Month | | Day | | | | Year | |
| Date of Last (Immediate Preceding) Application for Payment | | | | | | | |
|  | |  | | | |  | |
| Month | | Day | | | | Year | |
| **Identification of Contract** | | | | | | | | | | | | | | | | |
| Contract Description (location and description of the Work as it appears in the Contract Documents):   * + - Contract between Alberta Social Housing Corporation and     - Work location:     - Description of the Work: | | | | | | | | | | | | | | | | |
| Date of Contract: |  |  | | |  | |  | | |  | | | | | |  |
| Month |  | | | Day | |  | | | Year | | | | | |  |
| **Identification of Declarant** (person making the declaration) | | | | | | | | | | | | | | | | |
| Full Name of Declarant | | | Position or Title (of office held with Contractor) | | | | | | | | | | | | | |
| Business Name (Name of Contractor) | | | | | | | | | | | | | | | | |
| Business Address | | | | | | | | | | | | | | | | |
| City or Town | | | | | | Province | | | | | | | Postal Code | | | |
| **Declaration** | | | | | | | | | | | | | | | | |
| I, the undersigned, solemnly declare that, as of the date of this application for payment:   1. all the Contractor’s lawful obligations to subcontractors and suppliers, in respect of Work contracted for and performed before the date of the last (immediate preceding) application for payment, are fully discharged, except for (i) hold back monies properly retained, (ii) payments deferred by agreement, and (iii) amounts withheld by reason of legitimate dispute which have been identified to the party or parties, from whom payment has been withheld; 2. all the Contractor’s lawful obligations to workers, in respect to Work contracted for, are fully discharged; 3. all assessments and payments required to be made by the Contractor under law have been made in full; and that 4. I am an authorized signing officer of the Contractor named in the Contract identified above, and as such have authority to bind the contractor, and have personal knowledge of the contract identified and the facts stated in this statutory declaration.   I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath. | | | | | | | | | | | | | | | | |
| Signature of Declarant | | | ***Making a false or fraudulent declaration is a contravention of the Criminal Code of Canada, and could carry, upon conviction, penalties including fines, imprisonment, or both.*** | | | | | | | | | | | | | |
| **Attestation (**to be completed by a person empowered to receive declarations, e.g. Commissioner of Oaths, Notary Public, etc.) | | | | | | | | | | | | | | | | |
| DECLARED before me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year \_\_\_\_\_\_\_\_.  City/Town and Province | | | | | | | | | | | | | | | | |
| Signature of person before whom declaration is made | | |  | Authority to receive solemn declarations | | | | | | | |  | | Expiry Date | | |
| Name (please print) | | | ***Any changes or corrections on this Statutory Declaration must be initialed by the person before whom the declaration is made.*** | | | | | | | | | | | | | |