



# HOUSING AUTHORITY OF THE CITY OF CHARLESTON

550 MEETING STREET, CHARLESTON, SOUTH CAROLINA 29403

TELEPHONE (843) 720-3970 FAX # (843) 720-3977 TDD (843) 720-3685

Donald J. Cameron, SPHM - Chief Executive Officer

## CONTRACTOR'S AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS/ RELEASE OF LIENS

TO OWNER: THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON  
550 MEETING STREET, CHARLESTON, SC 29406

PROJECT: \_\_\_\_\_

PROJECT#: \_\_\_\_\_ CONTRACT DATED: \_\_\_\_\_

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

The Contractor hereby certifies that payment has been made in full and all obligations have otherwise been satisfied for all materials and equipment furnished, for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or Owner's property might in any way be held responsible or encumbered.

The Contractor hereby certifies and acknowledges that Contractor is prohibited from placing a lien on The Housing Authority of the City of Charleston's property. This prohibition applies to all subcontractors and suppliers.

The Contractor hereby acknowledges that acceptance of this form by the owner is conditional upon receipt of Contractor's final payment from The Housing Authority of the City of Charleston.

CONTRACTOR: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_

(Signature of authorized Representative)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

SEAL IF CONTRACTOR IS A CORPORATION

Revised August 15, 2011