

MEMBER NAME: \_\_\_\_\_

LOAN NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

INSURANCE CLAIM AMOUNT: \$ \_\_\_\_\_

**Contractor's Final Payment Declaration**

I hereby certify, affirm, and agree on behalf of the Company listed below and under the penalty of perjury that the following information is based on my personal knowledge, and is true and accurate to the best of my knowledge:

- 1) Company is licensed to perform work in the jurisdiction in which the above-referenced property is located. Its license number, if applicable, is \_\_\_\_\_; its Tax ID Number is \_\_\_\_\_; and I have the authority to sign on behalf of the Company.
- 2) Pursuant to a contract with the above-referenced Member, Company has furnished or caused to be furnished labor, materials, and/or services for certain improvements and/or repairs to the above-referenced real property, as set forth in said contract or the estimate of loss provided by the insurance company.
- 3) All work to be performed under the contract or estimate of loss has been fully completed, and all subcontractors or other entities or individuals that performed or provided work, services, or materials have been paid in full.
- 4) Provided Company receives final payment for the work, Company shall keep the above-referenced property free and clear of any materialman's and/or mechanic's liens. Company, for itself and its subcontractors, other entities, or individuals of all tiers, shall execute lien releases, as requested or required, in commercially reasonable forms to Navy Federal or as otherwise provided by applicable law.
- 5) The insurance claim funds listed above will be released once Navy Federal has received this signed Declaration. Company agrees such payment of funds will represent the final payment for any and all amounts due under the contract or estimate of loss, and that the payment will be made payable to the Member and Company.

\_\_\_\_\_  
 Authorized Representative (Printed Name)

\_\_\_\_\_  
 Authorized Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Address Street

\_\_\_\_\_  
 City State Zip Code

