

OWNER'S SWORN STATEMENT

The owner must execute the Sworn Statement. Prior to execution, the owner shall list on Schedule A of this sworn Statement the names of persons, firms, or corporations furnishing services, equipment, labor and/or materials in connection with the work performed on the Premises (as hereinafter described).

The examining attorney shall verify that every person or firm listed in Schedule A has properly executed appropriate waivers of lien.

I/We, _____ [insert name(s) of property owner(s)], being duly sworn, depose and say that:

1. I/We am/are the owner(s) of the property and premises commonly known as _____ [insert address of property] and legally described as:

[give legal description of property] (the "Premises");

2. that the persons, firms, corporations whose names are set out in Schedule A of the Sworn Statement include all of the persons, firms, and corporations, who have furnished services, equipment, labor, or materials in the construction or repair of improvements on the Premises;

3. that all of the work on the Premises has been fully completed and accepted by me/us;

4. that the wages of all subcontractors and all other parties with whom I/we have contracted for improvements on the property have been paid in full;

5. that as of this date, I/we have no knowledge or notice of this claim of claim of any subcontractor, laborer, or material man with respect to said Premises.

Signed this _____ day of _____, _____.

Name: _____
(Individual/Corporation/Partnership – choose appropriate option)

Attest _____ By: _____
(Title) (Title)

STATE OF ILLINOIS
COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

NOTARY PUBLIC
My Commission Expires _____

**SCHEDULE A
TO OWNER'S SWORN STATEMENT**

Contractor name, address & phone #	Labor & material to be furnished	Contract amount (including extras & credits)	Amount paid to date	Amount of current request	Cumulative retainage to date	Balance due
TOTAL LABOR AND MATERIALS TO COMPLETE						

SAMPLE PREVIEW

RECAPITULATION

Amount of original contract	\$ _____	Work completed to Date	\$ _____
Plus: extras to contract	\$ _____	Less: total retainage	\$ _____
Total: contract plus extras	\$ _____	Less: amount previously paid	\$ _____
Less: credits to contract	\$ _____	Less: amount of this request	\$ _____
Total: Adjusted Total Contract	\$ _____	Total Balance Due:	\$ _____