being du Contractor for work on the building of	ly sworn on oath desposes a , tl		
true statement of the names of sub-contractors money due or to become due and unpaid to ma undersigned on or about above described build contracts, where same have not yet been let or representations are made for the purpose of ob and Hinsdale Bank & Trust Company, N.A. as he	and material men, the amore terial dealers, sub-contracto ing; also respective amounts accepted; that all bills for la staining payments for labor a	, and that unts of all contract or workmen in to of bids or proposation, the date are found material form t	the following is a s made and all he employ of the ils for material or ully paid, that these
CONTRACTOR INFORMATION (name, address, phone number REQUIRED)	CONTRACT FOR	AMOUNT OF CONTRACT	AMOUNT ALREADY PAID
Name:	1. Demolition/Hauling		
Address:			
City,State:			
Phone:			
Name:	2. Excavating & Grade		
Address:			
City,State:			
Phone:			
Name:	3. Dumpsters		
Address:			
City,State:			
Phone:			
Name:	4. Concrete		
Address:	Foundation		
City,State:	Finish Concrete		
Phone:			
Name:	5. Damproofing		
Address:			
City,State:			
Phone:			
Name:	6. Driveway		
Address:			
City,State:			
Phone:			
Name:	7. Mason		
Address:	Face Brick / Material		
City,State:			
Phone:			
Name:	8. Fireplace		
Address:			
City,State:			
Phone:			

Name:	9. Dryvit	
Address:		
City,State:		
Phone:		
Name:	10. Structural Iron	
Address:		
City,State:		
Phone:		
Name:	11. Ornamental-Fencing	
Address:		
City,State:		
Phone:		
Name:	12. Carpentry Labor	
Address:		
City,State:		
Phone:		
Name:	13. Lumber	
Address:		
City,State:		
Phone:		
Name:	14. Windows	
Address:		
City,State:		
Phone:		
Name:	15. Stairs	
Address:		
City,State:		
Phone:		
Name:	16. Garage	
Address:	Garage Doors	
City,State:		
Phone:		
Name:	17. Millwork	
Address:		
City,State:		
Phone:		
Name:	18. Trim Labor	
Address:		
City,State:		
Phone:		
Name:	19. Cabinets	
Address:		

City,State:		
Phone:		
Name:	20. Counter Tops	
Address:		
City,State:		
Phone:		
Name:	21. Insulation	
Address:		
City,State:		
Phone:		
Name:	22. Roofing	
Address:		
City,State:		
Phone:		
Name:	23. Plumbing	
Address:		
City,State:		
Phone:		
Name:	24. Plumbing Fixtures	
Address:		
City,State:		
Phone:		
Name:	25. Well and Septic	
Address:		
City,State:		
Phone:		
Name:	26. HVAC	
Address:		
City,State:		
Phone:		
Name:	27. Electrical Wiring	
Address:		
City,State:		
Phone:		
Name:	28. Electrical Fixtures	
Address:		
City,State:		
Phone:		
Name:	29. Drywall	
Address:	, Material	
City,State:	Labor	
Phone:		

Name:	30. Painting	
Address:		
City,State:		
Phone:		
Name:	31. Glass Mirrors/Doors	
Address:		
City,State:		
Phone:		
Name:	32. Cent. Vac-Alarm	
Address:		
City,State:		
Phone:		
Name:	33. Intercom-Phone	
Address:		
City,State:		
Phone:		
Name:	34. Low Voltage Wiring	
Address:		
City,State:		
Phone:		
Name:	35. Tile	
Address:		
City,State:		
Phone:		
Name:	36. Carpeting	
Address:		
City,State:		
Phone:		
Name:	37. Hardwood Floors	
Address:		
City,State:		
Phone:		
Name:	38. Gutters-Soffits	
Address:		
City,State:		
Phone:		
Name:	39. Siding	
Address:		
City,State:		
Phone:		
Name:	40. Caulking	
Address:		

City,State:		
Phone:		
Name:	41. Sprinklers	
Address:		
City,State:		
Phone:		
Name:	42. Shelving-Closets	
Address:		
City,State:		
Phone:		
Name:	43. Landscaping	
Address:		
City,State:		
Phone:		
Name:	44. Pavers	
Address:		
City,State:		
Phone:		
Name:	45. Appliances	
Address:		
City,State:		
Phone:		
Name:	46. Permits	
Address:		
City,State:		
Phone:		
Name:	47. Architect	
Address:		
City,State:		
Phone:		
Name:	48. Survey	
Address:		
City,State:		
Phone:		
Name:	49. General Contractor	
Address:		
City,State:		
Phone:		
Name:	50	
Address:		
City,State:		
Phone:		

Name:		51		
Address:				
City,State:				
Phone:				
Name:		52		
Address:				
City,State:				
Phone:				
Name:		53. Interest Reserve		
		Total Contract Amount	\$0.00	\$0.00
General Contractor		Fill in your contact information	n, sign and have notal	rized.
Name: Phone:		Address: City,State,Zip:		
rnone.		City, State, Zip.		
X			Date:	
Subscribed and sworn to before me this	day of	20 .	-	
NOTABLE DUBLIC				
NOTARY PUBLIC				
Owner		Fill in your contact information	n, sign and have notal	rized.
Name: Phone:		Address: City,State,Zip:		
		0.07/0.0000/2.191	Datos	
x			Date:	
Subscribed and sworn to before me this	day of	20 .	-	
NOTARY PUBLIC				
Loan Officer				
Comments:				
Reviewed and Approved by Commercial	Banker:			
x			Date:	
Name:				
A new contractor's statement must be submit		ny amendment. Statement mu	st be signed by Gener	ral Contractor, Owner
and reviewed & approved by Commercial Ban	ker.			

Owner's G-C Statement (02-2015)