## Small, Less Complex Project SWORN STATEMENT

OWNER: CELUPHONE: TELEPHONE: CELUPHONE:
PERSON SUBMITTING:
State of Michigan ) State of Michigan ) ss. ADDRESS OF IMPROVEMENTS:

The undersigned President or Owner of the company identified above (the "Contractor"), the builder or general contractor for the construction of certain improvements at the property described above, hereby swears and affirms that the following is a list of each professional, subcontractor, supplier and laborer that Contractor has retained in connection with such improvements and that opposite each such name is a correct and full description of the work or material to be provided by such party, the amount of the original contract or bid, the revised contract amount, if any, the aggregate amount of previous payments to such party, the current amount due such party as of the date set forth above, and the remaining amount required to complete the particular item of work, as follows:

						Name, Address, Telephone Number of Subcontractor, Supplier or Laborer
			2			Description of Work or Material
						Original Contract Amount
						Revised Amount
					i i	Previous Payments
						Amount This Request
				. ,		Balance to Complete

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-		_								
										Name, Address, Telephone Number of Subcontractor, Supplier or Laborer
										Description of Work or Material
										Original Contract Amount
										Revised Amount
								24		Previous Payments
				4				.4		Amount This Request
4					, ,					Balance to Complete