HAMMOND-HIGHLAND 9105 Indianapolis Blvd. Highland, Indiana 46322 (219) 972-1246 (219) 972-1508

CROWN POINT 2200 N. Main St. Crown Point, Indiana 46307 (219) 663-2289 (219) 769-6918

RESIDENTIAL SWORN CONSTRUCTION STATEMENT TO OWNER AND CHICAGO TITLE INSURANCE COMPANY

VALPARAISO 150 Lincoln Square, Suite 100-2 Valparaiso, Indiana 46383 (219) 464-4871 (219) 769-1822

Name:

Read the instructions below before completing this form.

- Prepare a separate statement for each building, instructing your contractors and material men to furnish us with waivers for each item for which they are being paid.
 Enter names and addresses of all contractors, sub-contractors and material men in the proper spaces, using a typewriter if possible.
 Under the heading, "Total Contract", enter full amount of your contract with each contractor, sub-contractor and material man. Likewise enter under the heading "Amount Previously Paid" the exact amount that has been paid out to the time of making this Affidavit. In the next column, show the "Amount to Be Paid Now", and in the last column the "Balance Due" after such payment, to each contractor, sub-contractor and material man.
 Statements must be properly prepared, acknowledged and filled with us prior to disbursement date.
 It is understood that if the owner is furnishing part of the materials or is adoing part of the work on said building, such as carpenter labor, painting, plastering, and so forth, the rule that we must have on hand at all times sufficient funds to fully complete the building through the EMPLOYMENT OF OTHERS, must still apply.
 It is understood that this statement includes contract on the garage if a garage is included in the loan application.
 No payments will be made on this loan, unless the total amount required to complete the building as shown in this statement, plus loan expenses, IS LESS THAN OR EQUAL TO THE AMOUNT OF EQUITY PLUS YOUR LOAN. WE MUST HAVE AVAILABLE AT ALL TIMES, SUFFICIENT FUNDS TO FULLY COMPLETE THE BUILDING.
 Advise us of changes in your contracts, as soon as they occur.

NAME OF CONTRACTOR OR MATERIAL SUPPLIER	KIND OF WORK	TOTAL	AMOUNT PREVIOUSLY PAID	AMOUNT TO BE PAID NOW	BALANCE TO COMPLE
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	STATE & SORVET				
	EXCAVATE, GRADE & FILL				
					
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	CONCRETE FLOORS				
	CARPENTRY				
	LUMBER				
	MILLWORK				
	FRAME & SASH				
	DOORS				
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	PLUMBING				
	ROUGH				
	FINISH				
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	WALL TILE				
	KITCHEN CABINETS				
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	State of Indiana			haine de c	.l.,
	County of Lake ss. The undersigned,			being first di	HY BWOLU'
	on oath deposes and says that he is (a)		·····		
Inserts to be made:					

a) A member of the firm of, or officer of the corporation of,	contractor with (b)			,	
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