

**SUBCONTRACTOR'S SUB-SUB AND MATERIAL
SUPPLIER DISCLOSURE AFFIDAVIT**

Req. #: _____

Period thru: _____

I _____, do hereby depose and state as follows:

1. I am _____ (officer/principal) of _____, ("Subcontractor") with an office and principle place of business at _____, in _____.

2. Under the pains and penalties of perjury, I am providing the following full and complete disclosure of information relating to work performed by Subcontractor on a project known as _____ ("Project") located at _____ and pursuant to a subcontract agreement between KBE Building Corporation and Subcontractor dated _____ (the "Subcontract").

3. The following are all of the sub-subcontractors ("S"), vendors ("V"), and independent contractors ("S") (hereafter collectively "Sub-subcontractors") that Subcontractor has hired or utilized or intends to hire or utilize, to provide labor, materials, rentals, or equipment for use on the Project:

NAME / PHONE	TYPE (V/S) circle one	SCOPE OF SERVICE/MATERIAL	CUMULATIVE TOTAL CONTRACT OR PURCHASE PRICE	AMOUNT INCLUDED ON REQ. (*Note 2)	AMOUNT PAID TO DATE (*Note 1)	AMOUNT OF ANY DISPUTED CLAIMS WITH SUB- SUBCONTRACTOR
	V S					
	V S					
	V S					
	V S					
	V S					
	V S					
	V S					
	V S					
	V S					
		Totals				

Additional Sub-subcontractors must be listed on a separate document attached hereto.

4. I certify that all of the labor, material and equipment, provided by the Sub-subcontractors identified in this Affidavit, except as may otherwise be subject to dispute as indicated, was provided to, and incorporated in, the Project, and that no portion of the work, material or equipment was provided for the use and/or benefit of any other project.

*Note 1 Sub-subcontractor waivers must be provided that agree with this amount if the cumulative total contract or purchase price is greater than or equal to \$15,000.

*Note 2 This is the amount the Subcontractor has included in the Requisition noted above for the work/services provided by Sub-subcontractor.

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5. The below indicates the status of payments to all applicable labor unions and their corresponding pension/benefits trust funds (hereafter, the "Funds") deriving out of work performed by Subcontractor or its Sub-subcontractors on the Project.

Name of Fund and Contact Information	Status of oldest payments due Fund related to the Project (Circle one)			Amount due fund if > 45 days
	<45 days	≥45 days	≥60 Days	
	<45 days	≥45 days	≥60 Days	
	<45 days	≥45 days	≥60 Days	
	<45 days	≥45 days	≥60 Days	
				Total

ADD SUPPLEMENTAL PAGES AS NEEDED

6. The undersigned certifies that all employees of the Subcontractor have been fully paid their applicable wages and benefits for work performed by them on the Project to date, and that no wage or benefit payments are outstanding unless specifically listed and identified on an attachment to this Affidavit along with the reasons for any outstanding amounts.

7. Subcontractor is current with payment for all applicable federal and state payroll, income, sales and excise taxes.

8. I am providing the information contained in this affidavit to KBE Building Corporation, at their request, with the intent and understanding that they will rely on this information for purposes of evaluating Subcontractor's compliance with its payment obligations under the Subcontract, as well as the existence of potential mechanic's lien, payment bond claims or other claims for payment by Sub-subcontractors in relation to the Project. I have personal knowledge of the information contained in this affidavit and certify, under oath and the pains and penalties of perjury, that the information is complete, true and accurate.

By: _____
(signature)

Date _____

(type or print name)

IN WITNESS WHEREOF, I have confirmed the identity of the above signed, duly authorized officer and authorized representative of Subcontractor, who has both personally and on behalf of Subcontractor hereunto subscribed and sworn to the foregoing statements and has hereunto set his/her hand on this _____ day of _____ 200__.

Signed and sworn in the presence of:

Notary Public
My Commission Expires: _____