ARIZONA REGISTRAR OF CONTRACTORS

Katie Hobbs, Governor *Martín Quezada, Director*

Residential Recovery Fund Administrative Claim Instructions

Eligibility and awards from the Recovery Fund ("Fund") are governed by the statutes that establish procedures and limitations for the Fund:

- In order to be eligible to receive an award from the Fund, you must first either:

  (1) file an administrative complaint with the Registrar of Contractors, and the contractor's residential or dual license must be suspended or revoked based upon a violation alleged in your complaint, or

  (2) file a civil action for judgment against the residential contractor and obtain a court order for payment from the Fund. A.R.S. §§ 32-1133.01(A), 32-1133(A),(E).
- A claim for payment from the Fund must be filed within two years after the final judgment. A.R.S. § 32-1133.01(G).
- Eligibility is limited to claimants that are the owners of residential real property, that occupy or intend to occupy the property as their primary residence, and that contracted with a licensed residential or dual licensed contractor. A.R.S. §32-1132(B)(1).
- The claimant cannot be the spouse of the residential contractor or the spouse's representative. A.R.S. § 32-1132.01(G).
- To be eligible, the residential or dual licensed contractor's license must have been issued and active, and not expired, canceled, suspended, or revoked on one of the following dates: (1) the date the contract was signed, (2) the date the first payment was made, or (3) the date the work first commenced. A.R.S. § 32-1132(C),(D).
- Prior to filing a claim for an award from the Fund, you must first file a claim against the residential contractor's bond, and provide a copy of the results of that claim. A.R.S. §32-1133.01(F).
- If a claimant is eligible, the Registrar calculates "actual damages" as those damages suffered, if any, as a direct result of a contractor's violation necessary to complete or repair the structure or appurtenance. A.R.S. § 32-1132.01(B). If a claimant has paid a deposit or down payment and no actual work is performed or materials delivered, the award of actual damages may not exceed the exact dollar amount of the deposit or down payment. A.R.S. § 32-1132.01(C). As such, not all damages reduced to a civil judgment may be reimbursable from the Fund.
- If the claimant has recovered a portion of the claimant's loss from sources other than the fund, the Registrar must deduct those amounts from the amount of actual damages suffered. A.R.S. § 32-1132.01(F).
- Proof of cost to complete or repair must be based on bids supplied by, or work performed by licensed contractors, if the person is required to be licensed. A.R.S. 32-1132.01(B).
- A payment from the Fund is limited to $30,000 per claimant per residence, with $200,000 as the maximum amount paid per residential or dual contractor's license. A.R.S. §§ 32-1132.01(D), 32-1139(A).

Step 1 – Fill out the claim form electronically or by hand. Answer all questions. Failure to complete all portions of the claim form, including submission of copies of all required documents, will result in the Fund's inability to process your claim.

Step 2 - Deliver or mail the signed and dated original of the claim form, along with copies of all required supporting documents, to the Registrar of Contractors' Phoenix office. Retain a copy for your records.

For additional information or assistance visit our website at www.roc.az.gov or call 602-542-1525; TDD 602-542-1588; or toll-free within Arizona at 1-877-MY AZROC(1-877-692-9762).

Mail to: P.O. Box 18244, Phoenix, AZ 85005-8247

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IMPORTANT: Failure to answer all questions or provide all required documentation will prevent the fund from processing your claim.

Recovery Fund Claim Number (for Registrar use only)

A. PERSON(S) INJURED FILING THE CLAIM

1. Claimant's name(s):	2. ROC complaint number:	3. Was contractor's license disciplined as a direct result of your complaint? Yes ☐ No ☐

4. Claimant's mailing address:	5. City:	6. State:	7. Zip:

8A. Claimant's phone number:	8B. Claimant's alternate phone number:	9. Claimant's E-mail address:

10. **Do you currently occupy or intend to occupy the subject properly as your primary residence Yes ☐ No ☐**
(The Registrar may require additional documentation to confirm that the property is or will be your primary residence).

Complete boxes 11-17 only if represented by an attorney in this claim:

11. Attorney's name:	12. Attorney's phone number:	13. Attorney's email address:

14. Attorney's mailing address:	15. City:	16. State:	17. Zip:

B. CONTRACTOR INFORMATION

1. Licensed Contractor's name:	2. ROC license number:	3. Phone number:

4. Contractor's mailing address:	5. City:	6. State:	7. Zip:

C. CONTRACT AND JOBSITE INFORMATION

1. Date of contract:	2. Contract was: Verbal ☐ Written ☐	3. Contract amount: $	4. Change order amount: $	5. Total paid to contractor: $

6. Balance due on contract: $	7. Job Abandoned? Yes ☐ No ☐ If yes, date:	8. Date work started by original contractor?	9. Date work last performed by original contractor?

10. Date of first payment to original contractor?	11. Jobsite address (where the work was performed).	12. City	13. State	14. Zip

15. **Has any of the work been repaired or completed by a new contractor(s)?**
Yes ☐ No ☐

D. MONIES RECEIVED FROM OTHER SOURCES (enter amount or "0")

1. Contractor's bond: Date filed claim against bond: Total amount received: $	2. Claimant's insurance:$	3. Contractor's Insurance: $

4. Monies received from previous RF claim(s): $ Previous RF Claim #:	5. Monies received back from credit card company $:

E. AMOUNT OF CLAIMED "ACTUAL DAMAGES" (complete only those that apply)

1. Lowest bid to repair and/or complete the project. $	2. Total monies already spent to repair and/or complete the project. $
3. Amount of deposit to be refunded (ONLY if no work was done or materials delivered by original contractor). $	4. How much money do you anticipate receiving from the Fund? $

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F. LIST OF ALL PAYMENTS MADE TO ORIGINAL CONTRACTOR IN ORDER BY DATE

(If you need additional lines, you may duplicate this page.)

Please list below, and submit copies of all proofs of payment supporting your claim; i.e. cancelled checks, credit card statements, receipts, etc.

	Date of Payment	Person or Entity Paid	ROC License Number	Method of Payment	Amount Paid	Comments
	12/31/2009	ABC Contracting, Inc.	123456	Check/Credit Card/Other	$ 1.00	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
				Total Paid	0.00	Amount must match Section C5

G. LIST OF MONIES SPENT TO COMPLETE/REPAIR THE PROJECT IN ORDER BY DATE

(If you need additional lines, you may duplicate this page.)

Please list below, and submit copies of all documents supporting your claim; i.e. contract(s), invoices, receipts, cancelled checks, credit card statements, etc.

	Date of Receipt or Invoice	Person or Entity Paid (Supplier or Contractor)	ROC License Number	Method of Payment	Amount Paid	Comments
	12/31/2009	ABC Contracting, Inc.	123456	Check/Credit Card/Other	$ 1.00	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
				Total Paid	0.00	Amount must match Section E2

H. REQUIRED DOCUMENTATION CHECKLIST

1. **A copy of documentation from the contractor's bonding company showing the final disposition of your claim.**
   - Information regarding filing against the contractor's bond can be found on our website under the Contractor Info & Searches tab

2. **A copy of your current property deed.**
   IMPORTANT: IF THE PROPERTY IS HELD IN TRUST, A COPY OF THE TRUST DOCUMENT MUST BE PROVIDED.
   - For property deed information and copies, contact your County Recorder's Office

3. **A copy of the contract.**
   If purchase of new home, the Purchase Agreement.
   If written, a copy of original signed construction contract, including all addenda and change orders. If verbal, an original affidavit, signed and notarized, that includes the following information:
   - Parties to the contract [include ROC license number(s)]
   - Date of the contract
   - Terms of the contract (start date, completion date, etc.)
   - Detailed specifications of the work the contractor was to do, including all addenda and change orders
   - Cost breakdown and total price of contract
   - E-mails or other written communications from the contractor demonstrating the existence and terms of a contract

4. **Copies of documents that verify all payment(s) made on the contract, including, but not limited to:**
   - Front AND back sides of cancelled checks
   - Credit card statements
   - Final HUD-1 executed settlement statement (for purchase of new or existing home)
   - Bank/lender statements showing payments made directly to the contractor
   - Original affidavit to support any cash payments made directly to the contractor

5. **Proof of cost to repair and/or complete the project.**
   A. Submit copies of **TWO** itemized bids for each item requiring repairs or completion.
   - The bids must be from licensed residential contractors that are in good standing with the Registrar
   - NOTE: The bids you supply must match up with any written directive or findings from your underlying disciplinary case

   B. **IF REPAIRS ARE IN PROGRESS OR PROJECT IS COMPLETE:** copies of new contract(s) with licensed residential contractor(s) that are in good standing, invoices, receipts and proof of payment as specified in Box 5. NOTE: Only those costs incurred to complete or repair the corrective work ordered by the Registrar are compensable as 'actual damages.' A.R.S. § 32-1132.01.

6. **Proof of monies received from other sources.**
   - Claims made upon your homeowner's or other insurance policy, the insurance company's resolution of the claim, and any checks or bank statements demonstrating payment from the insurance company.
   - Claims made against the contractor's insurance policies, the insurance company's resolution of the claim, and any checks or bank statements demonstrating payment from the insurance company.
   - Previous Recovery Fund claims, orders, and any checks or bank statements demonstrating payment on the previous Recovery Fund claim.
   - Any civil judgments, orders, or settlement agreements with the original contractor or other parties to pay monies for the claimant's actual loss, and any checks or bank statements demonstrating payment on the judgment, order or settlement agreement.
   - Any claim made to your credit card company, the credit card company's resolution of the claim, and any checks or bank statements demonstrating payment from the credit card company.

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I. SIGNATURE AND VERIFICATION *Claimant(s) must sign this verification.*		
I verify that the foregoing is true and correct to the best of my knowledge and further that I actually occupy or intend to occupy the subject property as my primary residence.		
Signature of Homeowner	Print Name	Date
Signature of Homeowner	Print Name	Date