





# ARIZONA REGISTRAR OF CONTRACTORS



*Katie Hobbs, Governor*

*Martin Quezada, Director*

**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 <input type="radio"/> No <input type="radio"/> |         |  |
| 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 property as your primary residence Yes <input type="radio"/> No <input type="radio"/><br>(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:<br>Verbal <input type="checkbox"/><br>Written <input type="checkbox"/> | 3. Contract amount:<br>\$ | 4. Change order amount:<br>\$                | 5. Total paid to contractor:<br>\$ |   |         |
| 6. Balance due on contract:<br>\$  | 7. Job Abandoned? Yes <input type="radio"/> No <input type="radio"/><br>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)?<br>Yes <input type="radio"/> No <input type="radio"/> |   |                           |  |                                    |   |         |

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

|   |  |  |                               |
|---|--|--|-------------------------------|
| 1. Contractor's bond:<br>Date filed claim against bond: _____ Total amount received: \$ |  | 2. Claimant's insurance: \$                          | 3. Contractor's Insurance: \$ |
| 4. Monies received from previous RF claim(s): \$<br>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.<br>\$  | 2. Total monies already spent to repair and/or complete the project.<br>\$ |
| 3. Amount of deposit to be refunded (ONLY if no work was done or materials delivered by original contractor).<br>\$ | 4. How much money do you anticipate receiving from the Fund?<br>\$         |



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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                |                 |                       |                    |                         |             |                              |
| <b>Total Paid</b> |                 |                       |                    |                         | 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                |                            |  |                    |                         |             |                              |
| <b>Total Paid</b> |                            |  |                    |                         | 0.00        | Amount must match Section E2 |



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## 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