



ARIZONA REGISTRAR OF CONTRACTORS



Residential Contractors' Recovery Fund Administrative Claim Instructions

Your eligibility to receive payment from the Recovery Fund ("Fund") is governed by Arizona law, including the following:

- To be eligible, you must first either:
 - (1) File an administrative complaint with the Registrar of Contractors that results in discipline of the contractor's license. [A.R.S. § 32-1133.01\(A\)](#); OR
 - (2) File a civil action against the contractor and obtain a court order for payment from the Fund. [A.R.S. § 32-1133\(A\), \(E\)](#).
- You must file your administrative claim within two years after final judgment on your administrative complaint. [A.R.S. § 32-1133.01\(G\)](#).
- You must be the owner of the property, occupy or intend to occupy the property as your primary residence, and have contracted with a licensed residential or dual licensed contractor. [A.R.S. § 32-1132\(B\)\(1\)](#).
- You cannot be the spouse of the contractor or the spouse's representative. [A.R.S. § 32-1132.01\(G\)](#).
- The contractor's license must have been active (not canceled, inactive, expired, 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\(C\), \(D\)](#).
- Before filing your claim, you must first file a claim against the contractor's bond and provide a copy of the results of that claim. [A.R.S. § 32-1133.01\(F\)](#).
- If you are found to be eligible, the Registrar will calculate "actual damages" as damages suffered 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 you paid a deposit or down payment and no materials were delivered and no work was performed, the award may not exceed the exact dollar amount of the deposit or down payment, plus interest at 10 percent. [A.R.S. § 32-1132.01\(C\)](#).
- If you have recovered a portion of your loss from other sources, the Registrar must deduct those amounts from your actual damages. [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\(B\)](#).
- Payment from the Fund is limited to \$30,000 per claimant per residence. [A.R.S. § 32-1132.01\(D\)](#).
- Each residential contractor's license has a maximum total liability of \$200,000. [A.R.S. § 32-1139\(A\)](#).

Step 1 – Complete the claim form on the portal, 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. Retain a copy for your records.

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

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



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IMPORTANT: Answer all questions and submit all required documents to avoid delayed processing or rejection of your claim form.

Recovery Fund Claim No. (for ROC use only)

Part 1. PERSON(S) 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="checkbox"/> No <input type="checkbox"/>	
4. Claimant's mailing address:		5. City:		6. State:	
8. Claimant's phone number:		9. Claimant's E-mail address:			
10. Do you currently occupy or intend to occupy the subject property as your primary residence ? (The Registrar may require additional documentation to confirm that the property is or will be your primary residence). No, I do not currently occupy or intend to occupy the property as my primary residence. <input type="checkbox"/> I currently occupy the property as my primary residence. <input type="checkbox"/> I intend to occupy the property as my primary residence. <input type="checkbox"/> Explain your intent:					

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:	

Part 2. CONTRACTOR INFORMATION

1. Licensed Contractor's name:		2. ROC license number(s):	
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Part 3. CONTRACT AND JOBSITE INFORMATION

1. Date of contract:		2. Contract was: Verbal <input type="checkbox"/> Written <input type="checkbox"/>		3. Contract amount: \$		4. Change orders (if any): \$		5. Total paid to contractor: \$	
6. Balance due on contract: \$		7. Job Abandoned? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>									

Part 4. 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 refunded by credit card company: \$ _____		6. Other (please specify): \$ _____	

Part 5. COST TO COMPLETE OR REPAIR (complete only those that apply)

1. Lowest bid to repair and/or complete the contract: \$ _____		2. Total monies already spent to repair and/or complete the project: \$ _____		3. Amount of deposit to be refunded (ONLY if no materials were delivered and no work was done): \$ _____	
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Part 6. 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, i.e., cancelled checks, credit card statements, receipts, etc.

	Date of Payment	Person or Entity Paid	ROC License Number	Method of Payment	Amount Paid
Ex.	12/31/2009	ABC Contracting, Inc.	123456	Check/Credit Card/Other	\$ 1.00
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total Payments to Original Contractor (Amount must match Section 3.5)					\$ _____

Part 7. 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/Contractor)	ROC License #	Method of Payment	Amount Paid	Comments
Ex.	12/31/2009	ABC Contracting, Inc.	123456	Check/Credit Card/Other	\$ 1.00	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total Payments for Completion/Repair (Amount must match Section 5.2)						\$ _____



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Part 8. REQUIRED DOCUMENTATION

1. A copy of correspondence from the contractor's bonding company showing the final determination of your claim.

- Information regarding the bond can be found on our website under the Contractor Search Tool.

2. A copy of your current property deed.

- For property deed information and copies, contact your County Recorder's or Assessor's Office.
- If the property is held in a Trust, a copy of the Trust document (e.g., Certificate of Trust) must be provided.

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 at least **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 proofs of payment as specified in Part 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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SIGNATURE AND VERIFICATION

All Claimant(s) must sign this verification.

I verify that the foregoing responses are true and correct to the best of my knowledge. I understand and acknowledge that knowingly making a false statement in connection with this claim may be punishable as a criminal offense under A.R.S. § 13-2701 et seq.

Signature of Homeowner

Print Name

Date

Signature of Homeowner

Print Name

Date

NEXT STEPS: We may contact you if further information is needed to review your claim. After the Fund reviews your claim, the Registrar will issue a formal Notice. Both you and the contractor will have a right to appeal the Registrar's decision by requesting an administrative hearing. The Fund cannot issue payment until that process is complete.