



# ARIZONA REGISTRAR OF CONTRACTORS



*Douglas A. Ducey, Governor*

*Jeff Fleetham, Director*

## Residential Recovery Fund Administrative Claim Instructions

Eligibility and compensation from the Recovery Fund are governed by the following statutes:

- In order to access the Fund, you must first file an administrative complaint with the Registrar of Contractors and the contractor's residential or dual license must be **suspended** or **revoked** as a result of an Order to remedy a violation on your complaint. [A.R.S. § 32-1154\(G\)](#).
- Prior to filing a claim with the Fund, you must also file a claim against the residential contractor's bond and provide a copy of the results of that filing. [A.R.S. § 32-1154\(G\)](#).
- Eligibility to access the Fund is determined by whether you are a "person injured" – someone who (most commonly) owns and lives in, or intends to live in, a class three residential property, and who contracted with a licensed residential or dual licensed contractor. [A.R.S. § 32-1131.3](#) and [A.R.S. § 32-1132\(A\)](#).
- Further, in order to be eligible, your administrative disciplinary complaint must have been filed within two years of close of escrow or actual occupancy (whichever occurred first) of a new structure or completion of remodel/repair. [A.R.S. § 32-1155\(A\)](#).
- Access to the Fund is not available if the residential contractor's license was inactive, expired, cancelled, suspended, revoked or not issued at the time of your contract. [A.R.S. § 32-1132\(A\)](#).
- If you are eligible, the Registrar calculates "actual damages" as those damages suffered, if any, as a direct result of a contractor's violation in order to make you 'whole' on the contract; that is, to put you in the position you would have been in after full payment on, and full performance of, the underlying contract. But compensable damages shall not exceed an amount necessary to complete or repair the structure. [A.R.S. § 32-1132\(A\)](#).
- Proof of cost to complete or repair cannot be based on bids supplied by, or work performed by, an unlicensed person or business. [A.R.S. § 32-1132\(A\)](#).
- A payment from the Fund is limited to \$30,000.00 per person or per residence, with \$200,000.00 as the maximum amount paid per residential contractor's license. [A.R.S. § 32-1132\(A\)](#) and [A.R.S. § 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.azroc.gov](http://www.azroc.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 18247, 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)

<b>A. PERSON(S) INJURED FILING THE CLAIM - §32-1131.3 &amp; §32-1154(G)</b>				
1. Homeowner's name(s):		2. ROC complaint number:		3. Was contractor's license disciplined as a direct result of your complaint? Yes No
4. Homeowner's mailing address:			5. City:	6. State: 7. Zip:
8A. Homeowner's phone number:	8B. Homeowner's alternate phone number:		9. Homeowner's E-mail address:	
<b>Complete boxes 10-16 only if represented by an attorney in this claim:</b>				
10. Attorney's name:		11. Attorney's phone number:		12. Attorney's email address:
13. Attorney's mailing address:		14. City:	15. State:	16. Zip:
<b>B. CONTRACTOR INFORMATION - §32-1154(G), §32-1131.3 &amp; §32-1132(A)</b>				
1. Licensed Contractor's name:		2. ROC license number:	3. Phone number:	
4. Contractor's mailing address:		5. City:	6. State:	7. Zip:
<b>C. CONTRACT AND JOBSITE INFORMATION - §32-1131.3 &amp; §32-1132(A)</b>				
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 last performed by original contractor:	9. Legal classification of jobsite address:
10. Jobsite address (where the work was performed):		11. City:	12. State:	13. Zip:
14. Has any of the work been repaired or completed by a new contractor(s)? Yes No				
<b>D. MONIES RECEIVED FROM OTHER SOURCES (enter amount or "0") - §32-1154(G) &amp; §32-1136(E)</b>				
1. Contractor's bond: Date filed claim against bond:		Total amount received: \$		2. Homeowner'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 \$:		
<b>E. AMOUNT OF CLAIMED "ACTUAL DAMAGES" (complete only those that apply) - §32-1132(A) &amp; §32-1154(G)</b>				
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 expect to receive 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						
<b>Total Paid</b>						Amount must match Section C4

## 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>						Amount must match Section E2



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## H. REQUIRED DOCUMENTATION CHECKLIST §32-1131.3, §32-1132(A), §32-1154(G)

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

- Information about the contractor's bond can be found on our website under the Contractor Info & Searches tab

2. A copy of your property deed in effect at the time of the contract.

**IMPORTANT: IF THE PROPERTY IS HELD IN TRUST, A COPY OF THE TRUST DOCUMENT MUST BE PROVIDED.**

3. A copy of the County Assessor parcel information showing the legal classification of the property for the year(s) the contract was in effect.

4. 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 (example: 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

5. 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

6. Proof of cost to repair and/or complete the project. (A, B or BOTH may apply)

A. **IF WORK HAS NOT BEGUN TO CORRECT OR COMPLETE THE PROJECT:** copies of **THREE** itemized bids to repair or complete the project from licensed residential contractors that are currently in good standing. **NOTE:** The bids you supply must match up with any written directive or findings from your underlying disciplinary case.

B. **IF WORK TO REPAIR OR COMPLETE THE PROJECT IS IN PROGRESS OR HAS BEEN COMPLETED:** copies of new contract(s) with licensed residential contractor(s), invoices, receipts and proof of payment as specified above. **NOTE:** Only costs incurred to complete or repair the corrective work ordered in your underlying disciplinary case are compensable as 'actual damages'.

## I. SIGNATURE AND VERIFICATION

*Claimant(s) must sign this verification and have it notarized even if represented by an attorney.*

***"I declare, under penalty of perjury, that I have read the claim form Instructions and that all information provided herein is true and correct to my own knowledge. I further declare that all documents attached to this claim are true and accurate copies of the originals."***

Signature of Homeowner

Print Name

Date

Signature of Homeowner

Print Name

Date

SUBSCRIBED AND SWORN to before me by \_\_\_\_\_ on this date: \_\_\_\_\_.

MY COMMISSION EXPIRES:

Notary Public