



## ARIZONA REGISTRAR of CONTRACTORS

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### Residential Recovery Fund Administrative Claim Instructions

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

- In order to access the Fund, the contractor's residential or dual license must be suspended or revoked as a result of an Order to remedy a violation on a Complaint you filed, where the contractor refused or was unable to comply with the disciplinary Order to remedy the violation. [A.R.S. § 32-1154\(F\)](#).
- 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](#).
- 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 after full payment on, and full performance of, the underlying contract. 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 per residence, with \$200,000.00 as the maximum amount paid per residential contractor's license. [A.R.S. §§ 32-1132\(A\) and 32-1139\(A\)](#).

**Step 1** – Fill out the claim form electronically or by hand. Answer all questions. If any information requested on the form does not apply to your claim, enter "none". Complete the "Itemized List of Payments Made to Original Contractor" on page 3, itemizing payments you actually paid to the original contractor. Failing to complete all portions of the Claim Form, including submission of copies of all required documents, will result in your claim being delayed or rejected.

**Step 2** - Deliver or mail the signed and dated original of the claim form, along with copies of all required and 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).

*Because all documents may be viewed by the public, you should not provide or should black out all private information (SSN, driver license, visa, immigration, passport or financial account numbers, birth date, etc.)*



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TYPE OR PRINT - ANSWER ALL QUESTIONS

Recovery Fund Claim Number (for Registrar use only)

### A. PERSON(S) INJURED FILING THE CLAIM - §32-1131.3 & §32-1154(F)

1. Homeowner's name(s):		2. ROC complaint number:		3. Was contractor's license disciplined as a result of your complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Homeowner's mailing address:			5. City:		6. State:
7. Zip:					
8. Homeowner's phone number(s):			9. Homeowner's E-mail address:		
Complete boxes 10-16 only if represented by an attorney in this claim:					
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. CONTRACTOR INFORMATION - §32-1154(F), §32-1131.3 & §32-1132(A)

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 JOB-SITE INFORMATION - §32-1131.3 & §32-1132(A)

1. Date of contract execution:		2. Contract was: Verbal <input type="checkbox"/> Written <input type="checkbox"/>		3. Contract amount: \$		4. Total paid to contractor: \$		5. Balance due on contract: \$	
6. Work last performed date by original contractor:		7. Job Abandoned? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date:		8. Job-site tax parcel number:		9. Job-site property classification (per assessor):			
10. Do you own the residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		11. Do you live in the residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		12. Move-in date: Move out date:		13. Is this a rental or income generating property? Yes <input type="checkbox"/> No <input type="checkbox"/>			
14. Job-Site address (where the work was performed):				15. City:		16. State:		17. Zip:	
18. Has any of the work been repaired or completed by a new contractor(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must fully complete the "Recovery Fund Cost Detail" worksheet below in Section "F" If no, you must provide itemized bids from licensed contractors as an estimate of the costs to complete or repair the work. See NOTE									

### D. MONEY RECEIVED FROM OTHER SOURCES (Enter amount or "0")

1. Contractor's bond: \$		2. Homeowner's insurance: \$		3. Contractor's Insurance: \$		4. Previous RF payouts for this job-site address: \$ Previous RF Claim #:			
5. Other \$ Explain here:									

### E. AMOUNT OF CLAIMED "ACTUAL DAMAGES" (Complete only those that apply) §32-1132(A) & §32-1154(F)

1. Lowest bid to repair and/or complete the project (complete ONLY if repair and / or completion was ordered in your underlying disciplinary case): \$		2. Total money spent to repair and / or complete the project (compensable ONLY if repair and / or completion were ordered in your underlying disciplinary case AND original contractor was unable or refused to comply with order): \$				
3. Amount of deposit (to be refunded ONLY if no work was done or no materials delivered by original contractor) \$		<b>NOTE:</b> Bids supplied as an estimate of the costs to complete or repair deficient work for E.1 MUST be itemized and supplied by licensed contractors and MUST match the ordered corrective work from your underlying disciplinary Complaint proceeding. Any claim for reimbursement in E.2, or for a deposit refund in E.3, must be supported with corroborative documentation for Section F below.				

PHOENIX OFFICE  
 3838 N. CENTRAL AVE., STE. 400  
 PHOENIX, AZ 85012-1946  
 (602) 542-1525 or AZ TOLL-FREE  
 1-877-MY AZROC (1-877-692-9762)



TUCSON OFFICE  
 400 W. CONGRESS, STE. 212  
 TUCSON, AZ 85701-1311  
 (520) 628-6345

## ARIZONA REGISTRAR of CONTRACTORS

**F. LIST ORIGINAL COSTS & COST TO REPAIR AND / OR COMPLETE THE PROJECT IN ORDER BY DATE**  
**§32-1132(A)**

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

**ITEMIZED LIST OF PAYMENTS MADE TO ORIGINAL CONTRACTOR**

You must submit copies of the items listed below; i.e. contract(s), invoices, cancelled checks, etc., to support your claim.

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

**ITEMIZED LIST OF MONEY SPENT TO COMPLETE / REPAIR THE PROJECT**

You must submit copies of the items listed below; i.e. contract(s), invoices, cancelled checks, etc., to support your claim.

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

**The Registrar, at any time, reserves the right to request additional documentation to support your claim.**



## ARIZONA REGISTRAR of CONTRACTORS

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

*(Please confirm submission of all required documents listed below by checking the appropriate box)*

<b>1. Copy of property deed (from County Recorder) &amp; copy of County Assessor parcel information.</b> If property is held in trust, trust documents must be attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. The contract.</b> If written, a copy of original signed construction contract; including all addenda and change orders, or If verbal, an original affidavit, signed and notarized, that includes the following information: <ul style="list-style-type: none"> <li>• Company and/or owner's name and ROC license number(s).</li> <li>• Date of the contract.</li> <li>• Terms of the contract (example: start date, completion date, etc.).</li> <li>• Describe the specifications of the work the contractor was to do, including all addenda and change orders.</li> <li>• Cost breakdown and total price of contract.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Copies of relevant plans, drawings and/or building specifications relevant to the scope of work at issue.</b> <ul style="list-style-type: none"> <li>• Do not send originals.</li> <li>• Do not send any copies larger than 8.5" x 14".</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Copies of documents that verify all payment(s) made on the contract, including, but not limited to:</b> <ul style="list-style-type: none"> <li>• Front and back sides of cancelled checks;</li> <li>• Credit card statements;</li> <li>• Final HUD-1 executed settlement statement, if applicable;</li> <li>• Executed lien release/waivers; and</li> <li>• Bank/Lender documents showing payments / draws actually received by the contractor.</li> </ul> <i>[This includes a completed itemized list of payments made to original contractor on "Itemized List of Payments Made to Original Contractor" in Section "F" above.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Proof of cost to repair and/or complete the project.</b> <b>If work has not begun to correct or complete the project:</b> copies of three (3) itemized bids to repair or complete the project from licensed residential contractors that are currently in good standing. <b>NOTE:</b> These bids must match the corrective work ordered in your underlying disciplinary case to be accepted as a valid basis to estimate your 'actual damages'. §32-1132(A) <b>If work to repair or complete the project is in progress or has been completed:</b> fill out the Recovery Fund Claim Cost Detail worksheet above and submit copies of new contract(s) with licensed residential contractors, invoices, receipts and proof of payment as specified above. <b>NOTE:</b> Only costs incurred that complete or repair the corrective work ordered in your underlying disciplinary case are compensable as 'actual damages'. §32-1132(A) <i>[This includes a completed itemized list of payments made to complete and / or repair the work on "Itemized List of Money Spent to Complete / Repair the Project" in Section "F" above, if applicable.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### H. SIGNATURE AND VERIFICATION

*(Claimant 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 of my own knowledge. I further certify that all documents attached to this Claim are true and accurate copies of the originals. "**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES: