



NEVADA STATE CONTRACTORS BOARD

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RESIDENTIAL RECOVERY FUND CLAIM

In accordance with Nevada Revised Statutes (NRS) 624.400-624.550 and Nevada Administrative Code (NAC) 624.730 to 624.770 inclusive, a homeowner may file a claim with the Nevada State Contractors Board (NSCB) Residential Recovery Fund for recovery of damages incurred by the failure of a residential contractor to perform Qualified Services adequately. Qualified Services means any construction, remodeling, repair or improvement performed by a residential contractor on a single-family residence occupied by the owner of the residence.

FOR NSCB USE ONLY:

RECOVERY FUND CLAIM NUMBER: _____ **NSCB COMPLAINT FILE NUMBER:** _____

INSTRUCTIONS

1. Forms must be typed or printed in ink.
2. Attach the original completed, and signed Residential Recovery Fund Claim.
3. Attach the original completed, signed and notarized verification form.
4. Include a copy of your original construction contract plus any addendums or change orders.
5. Include documents that verify payment(s) made on the contact (i.e., checks; receipts; close of escrow settlement; executed lien release waivers; bank records of payments).

CLAIM FILED AGAINST:

Contractor's Company Name: _____

License Number: _____ Business Phone: _____ Home Phone: _____
Area + Telephone Number Area + Telephone Number

Contractor's Address: _____
Street Address City State Zip

CLAIM FILED BY:

Claimant's Name: _____

Mailing Address: _____
Street Address City State Zip

Telephone No: _____

Address/Location where work was performed: _____

Date Work Began: _____ New Construction Project? Yes No Remodel Project? Yes No

Contract Date: _____ (Attach written contract). Do you own and occupy the Residence? Yes No

Contract Amount: _____ Paid in full? Yes No Balance Due: _____ Amount of loss you are claiming: _____

Date contractor last performed work on the defective item(s) claimed: _____ Date contractor abandoned project: _____

Statement of facts relating to your claim about the Contractor's inadequate performance of qualified services: (use separate sheet(s) if necessary): **Specify in detail the nature of this claim:** (maximum field size is 1000 characters)

What efforts (if any) you have made to recover your loss? (i.e., stopped payment on checks, filed claim against contractor's license bond or performance bond, filed a claim in an estate proceeding, sued the contractor or made insurance claims). *(maximum field size is 500 characters)*

List any sources for reimbursement of loss, such as insurance: *(maximum field size is 300 characters)*

If another contractor has been hired to correct the inadequate construction, please provide the following information:

Name of Contractor _____

Amount of money that has been paid to the new contractor: _____

Explain what work has been done by the new contractor and provide a copy of new contract. *(maximum field size is 300 characters)*

Names, addresses and telephone numbers of any other persons who can provide additional information concerning this claim: *(maximum field size is 300 characters)*

FURTHERMORE, CLAIMANT AGREES:

Claimant represents that the act(s) listed above, occurred while the above-named Contractor was properly licensed as a contractor in the State of Nevada to do the type of work he performed. (Scope of work and within the monetary limit on his license)

Claimant represents that, other than the above-said contract, that Claimant has, at no time, been in a business relationship with, nor been a partner, associate, spouse or other immediate family member, of the above-named contractor.

Claimant agrees to cooperate in the investigation of this claim and in any related disciplinary proceedings against the above-named contractor. Before any payment can be received from the Residential Recovery Fund, the Claimant must sign and deliver to the State Contractors Board, an agreement whereby the State Contractors Board is subrogated to the rights of the Claimant plus any costs incurred by the State Contractors Board in recovering that amount from the contractor or his/her estate, personal representatives, assigns or successors in interest.

The Claimant understands and agrees that:

- (a) Any reimbursement of loss from the Recovery Fund is at the sole discretion of the Board and not a matter of right. No person has any right to a reimbursement from the fund as a third-party beneficiary or otherwise, either before or after allowance of a claim.
- (b) Any false representation by the Claimant contained herein may subject the Claimant to legal action to recover any money distributed to the Claimant.
- (c) A claim that includes a false or altered document, a billing receipt or estimate that is found to include an enhancement, improvement, upgrade source or material or work that is outside the scope of the original contract, will be automatically denied.
- (d) If an attorney is retained to assist in the preparation of this claim, no fee or other compensation may be paid to that attorney from the Recovery Fund.

DATED this _____, of _____, 20____.
Day Month Year

Signature of Claimant

CLAIM MUST BE VERIFIED.

