

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND**



Construction Industry Licensing Board

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**FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND
CLAIM FORM**

The FHCRF is governed by 489.140, et seq., Florida Statutes. The sole purpose of this fund is to compensate an aggrieved claimant who contracted for the construction or improvement of a residence located within this state and who obtains a final judgment in any court of competent jurisdiction, or is awarded restitution by the Construction Industry Licensing Board, or receives an award in arbitration against a licensee, on grounds of financial mismanagement or misconduct, abandoning a construction project, or making a false statement with respect to a project, arising directly out of any transaction when the contractor was licensed and engaged in any of the activities enumerated under s. 489.129(g), (j) or (k), on the homeowner's residence.

Type or Print

Contractor Information

Claimant's Name:

Name:

Address:

Address:

Telephone: ()

License Number:

A person is not qualified to make a claim from the fund if:

1. The claimant is not a homeowner as defined in s. 489.1402(1)(f), Florida Statutes.*
2. The construction contract was not entered into with a licensed contractor.
3. The contractor did not hold a valid and current license at the time of the violation.
4. The construction contract was executed and the violation occurred prior to July 1, 1993.
5. The claimant does not have a final order from either a court of competent jurisdiction or the Licensing Board.
6. The final order is not based upon a violation of s. 489.129(1)(g), (j), or (k), or s. 713.35, Florida Statutes.
7. The final order does not award restitution.
8. The claim is being made more than one year from the date of the entry of the final order.
9. The claimant is a person who is precluded from making a claim for recovery under s. 489.141(2), Florida Statutes.

* If you are not a homeowner and your claim is based on a construction contract executed on or prior to January 1, 2005, please contact the fund for additional information.

IMPORTANT INFORMATION REGARDING FILING:

Claims made without the following documentation will be returned:

1. Signed, original Florida Homeowners' Construction Recovery Fund Claim Form (4 pages).
 2. Copy of the construction contract.
 3. Either one of the following:
 - a. Original certified copy of a Final Order from a court of competent jurisdiction; or
 - b. Final Order from the Construction Industry Licensing Board.
- (A proof of claim in a bankruptcy is NOT sufficient under this requirement!)
4. Court certified copies of Levy and Execution documents, Asset Search, or Bankruptcy Information.

Claims made without the following documentation will be accepted for filing, but cannot be processed to the Board (Please only send copies, not originals, of these documents, as they will not be returned to you.)

1. Proof of payment to the original contractor.
2. A copy of the contract signed with the contractor who completed the project, and proof that this contractor received payment for the work, or 3 estimates if the work has not yet been completed.
3. Copies of LIENS recorded in the county records against your property.
4. Satisfaction of Liens or other proof you paid the liens off.
5. Waiver of Liens obtained from the replacement contractor.
6. Mediation Agreements or awards.
7. A statement comparing the percentage of monies paid under the original contract to percentage of work completed by original contractor.
8. Building Permits and Inspection Reports (if available).
9. In the event that the original contractor filed bankruptcy, you must provide:
 - a. Schedule of Creditors showing that you were someone who was listed as a Creditor;
 - b. a copy of the Trustee's filing of "No Distribution" for a Chapter 7 case;
 - c. the Discharge of Debtor. (In the case of a business going bankrupt, this would be called a Final Decree).

FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND QUESTIONNAIRE. Answer all questions completely.

Please - DO NOT INDICATE THAT THE INFORMATION IS INCLUDED ELSEWHERE IN THE PACKAGE.

1. Have you submitted a complaint to the Department of Business and Professional Regulation against the contractor? **Yes** **No**
What is the case number for your complaint? **Yes** **No** Case # _____
2. Contract date _____. Contract signed by both parties? _____
Is a copy of the contract attached to this claim form? **Yes** **No**
If a copy is unavailable, please explain on page 4 of this claim form.
3. Was a permit obtained from the building department? **Yes** **No**
4. Total original contract price. \$ _____. Change orders total \$ _____
5. Total amount paid to the original contractor. \$ _____. Have you included in your claim package evidence of this payment? **Yes** **No**
6. What percentage of the project was completed by the original contractor? _____%
7. Was the project ever completed? **Yes** **No**
Did the residence pass a final inspection? **Yes** **No**

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9. Did the contractor commit one or more of the following:

- a. Valid liens filed were placed on your property and were not satisfied by the contractor. Yes No
- b. The contractor abandoned the job **and** the percentage of completion was less than the percentage paid. Yes No
- c. The job was completed and the you paid more than what was contracted for. Yes No
- d. The contractor has done nothing on the job for 90 days and his failure to return to the job was without cause or notice to you. Yes No
- e. The contractor signed a statement falsely indicating that the work was bonded, or falsely stated that all subcontracted work, labor and materials had been paid for, or falsely stated that workers' compensation or public liability insurance was provided. Yes No

10. Were any of the following included in your contract?

- a. Bonds Yes No
- b. Sureties Yes No
- c. Guarantees Yes No
- d. Warranties Yes No
- e. Letters of Credit Yes No
- f. Insurance policies Yes No

11. Has the contractor or the business filed for protection under the bankruptcy code? _____ Yes
_____ No

If **yes**, then answer the following questions:

- a. Are you listed as a creditor? _____ Yes _____ No
- b. Have you attached copies of any documentation in the bankruptcy? _____ Yes _____ No
- c. Have you had a relief from stay? _____ Yes _____ No
- d. Has the contractor received a discharge? _____ Yes _____ No

12. Have you made diligent efforts to collect payment from the contractor? _____ Yes _____ No
Please explain:

13. Have you received any money from any source, e.g. contractor, business, bankruptcy court, insurance? _____ Yes _____ No If yes, what was the amount? \$_____

14. Have you previously filed a claim against any contractor? _____ Yes _____ No
If you answered yes, please explain when you filed, who the claim was against and what the disposition of the case was:

15. What is the amount of the claim that you are requesting? \$_____.

TYPE OR PRINT. Please give full details of your claim. You may use additional pages as necessary.

Florida Statute s. 489.143(9): Any firm, corporation, partnership, or association, or any person acting in his or her individual capacity who aids, abets, solicits, or conspires with any person to knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under the provision of this act is guilty of a third degree felony, punishable as provided in ss. 775.082, 775.083, or 775.084, and by a fine not exceeding thirty thousand dollars (\$30,000), unless the value of the fraud exceeds thirty thousand dollars (\$30,000) in which event the fine may not exceed double the value of the fraud.

(Signature - required for claim)

(Date)

It is recommended that claims against registered contractors (i.e. those whose license number begins with "R") make a complaint with the local Licensing Board simultaneously with this claim in order to expedite processing of your claim.

No claims will be processed until 45 days after the date of the date of the entry of the Final Order.