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 and Chapter 61G4-21, Florida Administrative Code. 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(1)(g), (j) or (k), F.S., on the homeowner's residence.

Type or Print	**Contractor Information**
Claimant's Name:	Name:
Address:	Address:
Telephone: ( )	License Number:
Email Address:	Email Address:

A person is <u>not</u> qualified to make a claim from the fund if:

1. The claimant is not a homeowner as defined in s. 489.1402(1)(f), F.S.*
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 for Division I contracts and July 1, 2016 for Division II contracts.
5. The claimant does not have a final order from either a court of competent jurisdiction or the Construction Industry 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, F.S.
7. The final order, final judgment, or award in arbitration 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), F.S.

*The homeowner, acting as his or her own contractor to complete a job pursuant to s. 489.103(7), F.S., after the original contractor has breached the contract, may NOT recover from the fund for any work performed by an unlicensed contractor.

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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, showing the original scope of work, including change orders related to the same transaction pursuant to Rule 61G4-21.003, F.A.C.
3. Either one of the following:
   a. Original certified copy of a Final Order from a court of competent jurisdiction, along with the civil complaint; or
   b. Final Order from the Construction Industry Licensing Board.
   NOTE: Proof of claim in a bankruptcy is NOT sufficient under this requirement. Please submit a Motion to Preclude from the bankruptcy court.
4. Court certified copies of Levy and Execution documents, Asset Search, or Bankruptcy Information.
5. Copy of contract(s) showing the scope and cost of construction completed by another contractor pursuant to Rule 61G4-21.003, F.A.C.

Claims made without the following documentation will be accepted for filing but WILL BE DEEMED DEFICIENT. (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, Inspection Reports, and Certificates of Occupancy and/or Completion (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.

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? 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** N**o**

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**

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8. Did the project pass a final inspection? **Yes** **No**

9. Was the project contracted for your primary residence, as defined in s. 489.1402(1)(i), F.S.? **Yes** **No**

10. How many months out of the year do/did you intend to live in this residence? _____

11. 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 amount you paid was more than the amount that 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**

12. 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**

13. 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 a stay? **Yes** **No**

d. Has the contractor received a discharge? **Yes** **No**

14. Have you made diligent efforts to collect payment from the contractor, as defined in s. 489.141, F.S., and Rule 61G4-21.002, F.A.C.? **Yes** **No**
Please explain:

_____

_____

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FLORIDA HOMEOWNERS' CONSTRUCTION RECOVERY FUND CLAIM FORM

15. Have you received any money or other compensation from any source, e.g. contractor, business, bankruptcy court, insurance? **Yes** **No** If yes, what was the amount? $_____

16. 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:

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17. 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.

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Florida Statute s. 489.143(10): A firm, a corporation, a partnership, or an association, or a person acting in his or her individual capacity, who aids, abets, solicits, or conspires with another person to knowingly present or cause to be presented a false or fraudulent claim for the payment of a loss under this act commits a third-degree felony, punishable as provided in s. 775.082 or s. 775.084 and by a fine of up to $30,000, unless the value of the fraud exceeds that amount, in which event the fine may not exceed double the value of the fraud.

_____ _____

(Signature - required for claim) **(Date)**

No claims will be processed until 35 days after the date of the date of the entry of the Final Order.