



# NEVADA STATE CONTRACTORS BOARD

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www.nscb.nv.gov

## 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: \_\_\_\_ ( ) \_\_\_\_\_

Contractor's Address: \_\_\_\_\_  
Street Address City State Zip

**CLAIM FILED BY:**

Claimant's Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address City State Zip

Telephone No(s): \_\_\_\_ ( ) \_\_\_\_\_

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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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).

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List any sources for reimbursement of loss, such as insurance: \_\_\_\_\_

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. \_\_\_\_\_

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Names, addresses and telephone numbers of any other persons who can provide additional information concerning this claim:

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**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 \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

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

**CLAIM MUST BE VERIFIED.**

**PLEASE NOTE THAT YOUR CLAIM WILL NOT BE PROCESSED UNLESS ALL RELEVANT DOCUMENTS, ATTESTATIONS, CHECKS, RECEIPTS, ETC. ARE ATTACHED.**

**STATE OF NEVADA)**  
**COUNTY OF ) SS,**

\_\_\_\_\_being first duly sworn, deposes and says:

That \_\_\_\_\_(he/she) is the Claimant in the above claim that \_\_\_\_\_ (he/she) has read the claim and knows the contents thereof, and that the same is true of \_\_\_\_\_ (his/her) own knowledge.

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

Subscribed and Sworn to  
Before me that \_\_\_\_\_ day of  
\_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State