



NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 | (775) 688-1141 | FAX: (775) 688-1271 | INVESTIGATIONS (775) 688-1150
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NEVADA 89113 | (702) 486-1100 | FAX: (702) 486-1190 | INVESTIGATIONS (702) 486-1160
www.nscb.nv.gov

RESIDENTIAL RECOVERY FUND

ELIGIBILITY CHECKLIST AND INSTRUCTIONS

The Residential Recovery Fund provides limited monetary compensation to single-family homeowners that have been damaged by a licensed contractor. In such circumstances, the homeowner is required to exhaust all other means of recovery before making a claim to the Residential Recovery Fund.

The Residential Recovery Fund has **strict** eligibility requirements in accordance with Nevada Revised Statutes (NRS) 624.400 - 624.550 and Nevada Administrative Code (NAC) 624.730 - 624.770. You must complete this form to determine whether or not you are eligible to recover from the Residential Recovery Fund.

BEFORE SUBMITTING YOUR CLAIM, please ensure the following checklist is completed:

- | | | |
|--|-----|----|
| 1. Has this claim been filed within four (4) years after the completion of qualified services? | YES | NO |
| 2. LICENSING: For question 2, you can check NSCB license details here:

https://app.nvcontractorsboard.com/Clients/NVSCB/Public/ContractorLicenseSearch/ContractorLicenseSearch.aspx | | |
| a. Was the contractor an actively licensed contractor at the time of qualified services? | YES | NO |
| b. Was the contract amount within the set monetary limit of the contractor's license? | YES | NO |
| c. Was the contractor licensed for the scope of work performed (license classification)?
(e.g., C-10 Landscaping) | YES | NO |
| 3. Does the license number and business name match the contract? | YES | NO |
| 4. Were the payments made payable to the name of the licensed contractor? | YES | NO |
| 5. Was the permit for the construction, remodel, repair or improvement of the residence pulled by the contractor and in the contractor's name? (NOT owner-builder) | YES | NO |
| 6. Is the home in your personal name or in the name of your family trust? | YES | NO |
| 7. Do you have a Decision & Order from the Board, judgment from a Nevada Court and/or Lien? | YES | NO |
| 8. Have you obtained the required three (3) bids and/or estimates? | YES | NO |

If you answered **NO** to any of the above questions, please explain:

Please submit your completed claim to:

Northern Nevada Office:
5390 Kietzke Lane, Suite 102
Reno, Nevada 89511
Investigations: (775) 688-1150
Fax: (775) 688-1271
investigations@nscb.state.nv.us

Southern Nevada Office:
8400 West Sunset Road, Suite 150
Las Vegas, Nevada 89113
Investigations: (702) 486-1160
Fax: (702) 486-1190
investigations@nscb.state.nv.us



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NORTHERN NEVADA OFFICE

5390 Kietzke Lane, Suite 102
 Reno, Nevada 89511
 Ph: (775) 688-1141
 Fax: (775) 688-1271

SOUTHERN NEVADA OFFICE

8400 West Sunset Road, Suite 150
 Las Vegas, Nevada 89113
 Ph: (702) 486-1100
 Fax: (702) 486-1190

FOR NSCB USE ONLY
Date Received:
Case File No:

RESIDENTIAL RECOVERY CLAIM FORM

In accordance with Nevada Revised Statutes (NRS) 624.400-624.550 and Nevada Administrative Code (NAC) 624.730-624.770 inclusive, a homeowner may file a claim against a properly licensed contractor 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 residential home occupied by the owner of the residence.

INSTRUCTIONS

- Forms must be typed or printed in ink.
- Attach the original, completed and signed Residential Recovery Fund Claim.
- Attach the original, completed, signed and notarized Verification Form.
- Attach the original, completed and signed Exhibit Checklist.
- Attach the original, completed and signed Consent for Electronic (Email) Service.
- Include a copy of your original construction contract, plus any addendums or change orders.
- Include documents that verify payment(s) made on the contract (i.e., checks; receipts; close of escrow settlement; executed lien release waivers; bank records of payments).

CLAIM FILED AGAINST

CONTRACTOR'S COMPANY NAME:		LICENSE NO.:
CONTRACTOR'S ADDRESS: <i>(Number, Street, City, State, Zip Code)</i>		
BUSINESS PHONE NO.:	HOME OR CELL PHONE NO.:	EMAIL ADDRESS:

CLAIM FILED BY

CLAIMANT'S NAME:		EMAIL ADDRESS:	
MAILING ADDRESS: <i>(Number, Street, City, State, Zip Code)</i>			
HOME PHONE NO.:		CELL PHONE NO.:	
ADDRESS/LOCATION WHERE WORK WAS PERFORMED:			
DATE WORK BEGAN:	NEW CONSTRUCTION PROJECT? YES NO	REMODEL PROJECT? YES NO	
CONTRACT DATE: <i>(attach written contract)</i>		DO YOU OWN AND OCCUPY THE RESIDENCE? YES NO	
CONTRACT AMOUNT:	PAID IN FULL? YES NO	BALANCE DUE? <i>(if any)</i>	AMOUNT OF LOSS YOU ARE CLAIMING? <i>(max \$40,000.00)</i>
DATE CONTRACTOR LAST PERFORMED WORK ON THE DEFECTIVE ITEM(S) CLAIMED:		DATE CONTRACTOR ABANDONED PROJECT:	



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STATEMENT OF FACTS RELATING TO YOUR CLAIM ABOUT THE CONTRACTOR'S INADEQUATE PERFORMANCE OF QUALIFIED SERVICES. *(Use separate sheets if necessary. Specify, in detail, the nature of this claim):*

[Empty space for statement of facts]

WHAT EFFORTS (if any) HAVE YOU MADE TO RECOVER YOUR LOSS?
(i.e.: stopped payment on checks, filed a claim against the contractor's license bond or performance bond, filed a claim in an estate proceeding, filed a fraud claim with your credit card company, sued the contractor or made insurance claims).

[Empty space for efforts to recover loss]

LIST ANY SOURCES FOR REIMBURSEMENT OF LOSS, SUCH AS INSURANCE:

[Empty space for sources of reimbursement]

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 :
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EXPLAIN WHAT WORK HAS BEEN DONE BY THE NEW CONTRACTOR AND PROVIDE A COPY OF THE NEW CONTRACT:

[Empty space for explanation of work and copy of contract]

PLEASE PROVIDE CONTACT INFORMATION OF ANY OTHER PERSONS WHO CAN PROVIDE ADDITIONAL INFORMATION CONCERNING THIS CLAIM:

NAME:	ADDRESS:	PHONE NO.:
NAME:	ADDRESS:	PHONE NO.:
NAME:	ADDRESS:	PHONE NO.:



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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 Nevada State Contractors Board is subrogated to the rights of the Claimant, plus any costs incurred by the Nevada 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 Residential 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, 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 Residential Recovery Fund.**

DATED this _____ day of _____, 20_____.

Signature of Claimant



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CLAIM MUST BE VERIFIED.

PLEASE NOTE: YOUR CLAIM WILL NOT BE PROCESSED UNTIL ALL RELEVANT DOCUMENTS, ATTESTATIONS, CHECKS, RECEIPTS, ETC. ARE ATTACHED.

STATE OF NEVADA)
) **SS**
COUNTY OF _____)

_____ 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 this _____ day of _____, 20_____.

Notary Public in and for said County and State



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RESIDENTIAL RECOVERY FUND SUBROGATION OF RIGHTS

The Residential Recovery Fund was established to reimburse homeowners for actual damages as a result of an act or omission of a residential contractor to perform qualified services.

NRS 624.510(3)(a) states, "If the Board or its designee determines that an injured person is eligible for recovery from the account pursuant to this section or NRS 624.490, the Board or its designee may pay out of the account: the amount of actual damages suffered, but not to exceed \$40,000.00; or if a judgment is obtained as set forth in NRS 624.490, the amount of the actual damages included in the judgment and remaining unpaid, but not to exceed \$40,000.00."

NRS 624.510(5) states, "If an injured person has recovered a portion of his loss from sources other than the account, the Board shall deduct the amount recovered from other sources from the amount payable upon the claim and direct the difference to be paid from the account."

NRS 624.510(6) states, "To the extent of payments made from the account, the Board is subrogated to the rights of the injured person, including, without limitation, the right to collect from a surety bond or a cash bond. The Board and the Attorney General shall promptly enforce all subrogation claims."

NAC 624.765 states, "As a condition of receiving payment from the recovery fund, a claimant must enter into an agreement with the Board pursuant to which the Board is subrogated to the rights of the Claimant against the accused residential contractor, the estate of the accused residential contractor of a third party for an amount equal to the amount of money paid from the recovery fund to the Claimant plus the amount of all costs incurred by the Board in recovering that amount of money from the accused residential contractor, the estate of the accused residential contractor of the third party. The agreement must provide that the Claimant will cooperate with the Board in any proceeding commenced to recover such money for the accused residential contractor, the estate of the accused residential contractor or the third party."

Pursuant to the foregoing, you hereby agree to subrogate any and all of your rights to any and all future claims or recoveries from the Residential Recovery Fund or from any surety bond, cash bond, civil judgment or any other source of the contractor and waive your rights to collect those monies and assign those rights to the Nevada State Contractors Board.

In signing this document, the Claimant states unequivocally that he or she understands the provisions of the Subrogation of Rights and on their own or with the assistance of counsel, have read and fully concur with the Subrogation of Rights to the Nevada State Contractors Board.

In the event that you collect any monies from the contractor, surety bond, cash bond, civil judgment, reimbursement from credit card or any other source, the Nevada State Contractors Board is authorized to collect those monies from you and or your estate.

Residential Recovery Fund Claim No.: _____
(for NSCB use only)

By signing this document, you hereby attest that you have carefully read and understood the foregoing in its entirety and that you are signing this agreement voluntarily and without reliance upon any other statements or representations.

The foregoing is hereby accepted and agreed to:

Date: _____ Homeowner Signature: _____



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RESIDENTIAL RECOVERY FUND EXHIBIT CHECKLIST

Note: Residential Recovery Fund claims will **not** be opened until checklist is completed.

Please Initial

Claimant

Investigator

- EXHIBIT 1:**
 - Eligibility Checklist
 - Residential Recovery Fund Claim Form
 - Notarized Verification Form
 - Subrogation of Rights
 - Exhibit Checklist
 - Electronic Service Agreement (Claimant)
- EXHIBIT 2:**
 - Notice of Recovery Fund Claim letter
 - Electronic Service Agreement (Respondent)
- EXHIBIT 2(a):** - USPS tracking printout and/or returned envelope
- EXHIBIT 3:** - County Assessor's Real Property printout
- EXHIBIT 4:** - Contract
- EXHIBIT 4(a):** - Addendums, Change Orders or Liens (if applicable)
- EXHIBIT 5, 5(a), etc.:** - Proof of Payments
*(e.g.: copies of cancelled checks; credit card statement(s); relevant bank statement(s), which **MUST** show Complainant's name, banking institution and date of payment; screenshots or records from all payment apps such as Zelle, CashApp, ApplePay, etc.)*
- EXHIBIT 6:** - Consumer Complaint Form copy
- EXHIBIT 6(a):** - Notice of Jobsite Visit letter
(include copy of letter and dated, timestamped color photographs)
- EXHIBIT 6(b):** - Notice to Correct
(include copy if applicable)
- EXHIBIT 6(c):** - Notice of 2nd Jobsite Visit letter
(include copy of letter and dated, timestamped color photographs)
- EXHIBIT 7:** - Decision & Order and/or Judgment
- EXHIBIT 7(a):** - Current License Details printout
- EXHIBIT 8, 8(a), etc.:** - Three (3) **current** bids or estimates; supplemental documentation

Claimant Signature | Date

Investigator Signature | Date

RRF Case No. *(for NSCB use only)*



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CONSENT FOR ELECTRONIC (EMAIL) SERVICE

In order to help expedite business conducted with the NSCB, I agree to accept **ALL** documentation, including but not limited to: Meeting Notices; Document Requests; Notices of Contested Matters; Service of Administrative Citations; Service of Administrative Fines; Service of Notice of Disciplinary Hearings; Service of Summary Suspension; Service of Notice of Recovery Fund Claims; Service of Cease and Desist Orders; and any other correspondence, communications and/or documents via email in accord with NAC 624.7266(3).

Please return this form with your complaint to NSCB Investigations at investigations@nscb.state.nv.us. Your attention and cooperation to this matter is greatly appreciated.

By signing this form, I hereby consent to email service as described herein.

Printed Name

Title (if applicable)

Company Name (if applicable)

Office Phone Number (if applicable)

Email Address

Cell Phone Number

Signature

Date