

COMMONWEALTH OF MASSACHUSETTS
HOME IMPROVEMENT CONTRACTOR PROGRAM
GUARANTY FUND APPLICATION

Section 1: Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home/Office: _____ Cell: _____ Email: _____

Mailing address, if different from above:

Street Address: _____

City: _____ State: _____ Zip: _____

Section 2: Agent/Attorney Information

If an agent or attorney will represent you in this action, complete this section.

Name of Agent/Attorney: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Email Address _____

Section 3: Court Judgment or Arbitration Decision

A. Have you obtained a court judgment or arbitration decision* against the registered contractor? yes no

B. Will this *Guaranty Fund Claim* be filed within 6 months of your obtaining the court judgment or arbitration decision found against the registered contractor? yes no

Date of decision in your favor: ___ / ___ / ___

If you obtained a court judgment against the registered contractor, continue to Section 4.

If you obtained an arbitration decision against the contractor, list your HIC arbitration case number and continue to Section 7. Case #: _____

If you have not obtained a court judgment or arbitration decision, or this Claim will not be filed within 6 months of the judgment or decision, you are not eligible for payment from the Guaranty Fund.

*Only arbitration decisions from the Home Improvement Contractor Arbitration program can serve as a basis for payment from the Guaranty Fund.

Mail this Claim Application together with a copy of supporting documentation to: Guaranty Fund Administrator,
Office of Consumer Affairs and Business Regulation,
501 Boylston Street, Suite 5100, Boston, MA 02116

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Section 4: Qualification Information

Circle yes or no to each question.

- A. Is there a written contract for the job? yes no
- B. Was the contractor registered with the state as a Home Improvement Contractor on the date the contract was signed? yes no
- C. Was the contract for improvements, repairs, renovations, alterations, or additions to a pre-existing, owner-occupied residence with no more than 4 units? yes no
- D. Is the property or residence located in Massachusetts? yes no
- E. Is the property your primary residence? yes no

If you answered “no” to any of the above questions, you do not meet the basic qualifications for payment from the Guaranty Fund.

Section 5: Contractor Information

Name of contractor on contract: _____

Name of contractor representative you dealt with: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

To obtain information about the contractor’s registration you can visit our website at: www.mass.gov/consumer or contact our office at 617-973-8737 or toll free at 888-283-3757

Home Improvement Contractor Registration Number*: __ __ __ __ __ __

**It is a requirement of the HIC Law that the Contractor be registered on the date that the contract was signed.*

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Section 6: Contract Information

A. Date contract was signed: ____ / ____ / ____

B. Total contract amount: \$ _____ C. Amount paid to contractor: \$ _____

D. Address for residence for which contract was obtained:

Street Address: _____

City: _____ State: _____ Zip: _____

Check **all** that apply:

Homeowner's Primary Residence Single Family Multi-Family: Number of Units _____

Section 7: Building Permit Information

Please circle whether you or the contractor secured the building permit for the contracted work in dispute. If a building permit was not required or issued, circle Not Applicable:

Homeowner Secured Permit OR Contractor Secured Permit OR Not Applicable

You must submit a copy of the building permit application, a letter from the building inspector verifying that none was issued or other relevant documentation with this application.

Did the contract contain a notice that homeowners who secure their own building permits will be excluded from the Guaranty Fund?

yes no

Section 8: Judgment/Award Information

A. Nature of claim against the contractor (check all that apply)

work was not begun after contract was signed

work was not completed

work was performed in poor or unworkmanlike manner

other: _____

You must submit a written explanation of your complaint against the contractor with this application. If you filed for HIC arbitration, the description you submitted with your application satisfies this requirement.

B. Source of award: (check one) Court proceeding Arbitration hearing

C. Did you win by default, after a hearing, or by agreement?

By default

After a hearing

By agreement

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Section 8 Continued: Judgment/Award Information

D. Amount of award: \$ _____

Do not include attorney's fees, multiple or punitive damages, court costs or arbitration fees.

For a court judgment, the amount will be the amount listed as "single damages."

For arbitration, the amount will be the amount listed as "actual loss."

E. How much has been paid to you by the contractor since the date of the decision? \$ _____

F. Payments from the Guaranty Fund may only be made if reasonable legal efforts to collect the court judgment or arbitration award have been met. Indicate the reasonable legal efforts you have taken to collect payment from the contractor:

Collection efforts have not yet been met; supplemental materials will be filed at a later date.

Served a Writ of Execution for a monetary court judgment upon the contractor in hand by a constable or sheriff.

Contractor filed for bankruptcy protection **after** court judgment or arbitration decision was issued.

Contractor filed for bankruptcy protection, the bankruptcy court issued Relief from the Automatic Stay, and a court judgment or arbitration decision was found against the contractor.

Service of a Writ of Execution was attempted at all known or suspected addresses of the contractor by a constable or agent of the state, and the contractor was found to have fled the jurisdiction.

Other (please explain):

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Section 9: Actual Loss

A homeowner's actual loss may be less than the monetary award issued by an arbitrator or court. The Guaranty Fund Administrator will calculate your actual loss based upon the formulas outlined in the Guaranty Fund regulations. (201 CMR 14.14) Actual loss is based on the contract price, the amount you paid the contractor, the value of the work and materials you received, and the cost to correct work improperly done by the contractor. To make this calculation, the Guaranty Fund Administrator requires the itemization of these values. Please itemize the following values. If you submitted a similar itemization in your application for state-approved arbitration, you may submit a copy of that section. You also must submit documentation that verifies these values.

Amount of actual loss you are requesting from the Guaranty Fund, up to \$10,000: \$ _____

B. List the work that requires completion as well as the work that must be repaired. Circle whether the item is defective or incomplete. For each defective or incomplete item, list an estimated dollar value of how much it will cost to repair or complete that item. If an **extraordinary** circumstance prevents you from listing a dollar value for each item, submit a total estimate for the items.

[] Check here if you are submitting this itemization from your *Request for Arbitration*.

| List of Defective or Incomplete Items | Estimated Dollar Value |
|---------------------------------------|------------------------|
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Defective/Incomplete _____ | \$ _____ |
| Total Estimate | \$ _____ |

C. List any additional expenses that you are claiming that were not included in the above list.

| Description of expense | Dollar Value of Expense |
|------------------------|-------------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

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Section 9 Continued: Actual Loss

D. List the work that has been properly completed by the contractor against whom you are bringing this claim. List an estimated dollar value of this work. If an **extraordinary** circumstance prevents you from listing a dollar value for each item, submit a total estimate for the items.

| Work Properly Completed by the Contractor | Estimated Dollar Value |
|---|------------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
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| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Estimate | \$ _____ |

E. Total dollar amount you paid under the contract to date: \$_____

Please itemize the payments, indicating whether they were made in cash or by check, the dates they were made, the person who received the payment, and the purpose of the payment.

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

\$ _____ check/cash on ___/___/___ to _____ for _____

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Update 4/11/2024

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Section 10: Checklist

YOU ARE REQUIRED TO SUBMIT THE ITEMS LISTED BELOW.

Indicate that each item is included by checking the appropriate boxes.

- 1. Completed Guaranty Fund Claim Application.
- 2. Copy of Contract.
- 3. Copy of original court claim, if applicable.
- 4. Copy of court judgment, if applicable.
- 5. Documentation of Attempts to Collect Judgment or Award:
 - Evidence from U.S. Bankruptcy Court Contractor filed for bankruptcy protection **after** court judgment or arbitration decision was issued, and evidence that you have filed a proof of claim form.
 - Evidence that the contractor filed for bankruptcy protection, the bankruptcy court issued a Relief from the Automatic Stay, and a court judgment or arbitration decision was found against the contractor.
 - Evidence that contractor has fled jurisdiction attached.
 - Copy of court order enforcing judgment or award attached:
 - Writ of Execution on the money judgment served upon the contractor by sheriff or constable.
 - Notice to Show Cause was served upon the contractor by a constable or sheriff at the contractor's last known business address, and the contractor has failed to pay the claim and failed to defend the claim.
 - _____
- 6. Written explanation of your complaint against the contractor (If you filed for arbitration, the description you submitted with your application satisfies this requirement.)
- 7. Building Permit - Attach a copy of the building permit application, a letter from the building inspector verifying that none was issued or other relevant documentation.
- 8. Verification of Actual Loss
 - a. proof of payment
 - canceled checks
 - signed receipts from contractor
 - b. estimate of cost to complete and/or repair work completed attached

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Section 11: Agreement Signature

- I hereby acknowledge that with the submission of this application for relief from the Home Improvement Guaranty Fund, I have fully complied with all provisions of the Home Improvement Contractor Law (MGL c.142A) and regulations promulgated pursuant thereto (201 CMR 14.00) to the best of my knowledge.
- I certify that all statements made in connection with this application are true to the best of my knowledge.
- I agree to assign to the fund administrator all right, title and interest in the claim up to the amount paid to me by the fund.
- I agree to comply with the requests of the Fund Administrator related to my claim in a timely manner.
- I am aware that this application must be received by the Guaranty Fund Administrator no later than six months after the date of the initial arbitration or court order which awarded me relief under MGL c. 142A.
- Signed under pains and penalties of perjury,

Applicant's signature: _____ Date: ____/____/____

Applicant's name printed: _____

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