



HOME IMPROVEMENT CONTRACTOR TRUST FUND CLAIM FORM

Use this form to claim up to \$10,000. You are eligible to recover money if you submitted a complaint with The Department of Consumer and Worker Protection (DCWP) against a licensed home improvement contractor, and fully participated in the DCWP mediation process but did not reach a settlement.

Please complete this form which must be notarized by a Notary Public.

CLAIMANT INFORMATION

Last Name	Suffix (<i>Jr., Sr., Esq.</i>) (Optional)	First Name	Middle Name (Optional)
Date of Birth (YYYY-MM-DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			
Home Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)			
City	State	ZIP Code	Country/Region (<i>if outside USA</i>)
Phone 1 (Primary) ()		Phone 2 (Alternate) ()	
Email (By providing your email address, you consent to receive communications electronically from DCWP, and you affirm that the email listed is a reliable form of communication for you.)			

Is your Mailing Address the same as your Home Address? YES NO

If NO, please complete the section below.

Mailing Address (<i>Building Number, Street Name, Apartment/Suite/Other</i>)			
City	State	ZIP Code	Country/Region (<i>if outside USA</i>)



HOME IMPROVEMENT CONTRACTOR INFORMATION

Home Improvement Contractor Business Name		DCWP (formerly DCA) License Number	
Business Address <i>(Building Number, Street Name, Apartment/Suite/Other)</i>			
City	State	ZIP Code	Country/Region <i>(if outside USA)</i>
Phone (Optional) ()		Email (Optional)	

CLAIM INFORMATION

Date of Contract	Total Contract Price \$
Amount Paid \$	Claim Amount \$

1. Did you previously submit a complaint to DCWP about this home improvement contractor?

- NO
 YES

If **YES**, please complete the section below.

DCWP Complaint Number	Date of Complaint
Outcome of Complaint	

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2. What is the basis for your Claim Amount? Please explain. The maximum amount you can claim is \$10,000.

3. Have you received any account credits, refunds, or payments related to this Claim from the home improvement contractor or a third party, including an insurance company?

- NO
 YES

If YES, please explain.

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4. Are you aware of any administrative hearing decision, settlement agreement, consent order, judgment, court order, or arbitration award related to your Claim?

- NO
- YES

If YES, please explain.

REQUIRED DOCUMENTATION

You must submit the documents listed below with this form. Copies are fine.

- Contract between you and the home improvement contractor

AND

- Documentation of any amounts paid to the home improvement contractor
- OR-
- Proceeds of a loan in your name paid by a lender to the home improvement contractor

AND

- Estimate or invoice from a different home improvement contractor showing the cost to fix or complete the work related to your complaint
- OR-
- Documentation of any amounts paid to a different home improvement contractor to fix or complete the work related to your complaint

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If you can't find a required document, DCWP may be able to locate a copy if you provided it at the time of your original complaint and mediation. Please describe which documents you are submitting with your Claim, if any, and which documents you previously provided to DCWP.



AFFIRMATION – Please read and sign below.

I am authorized to complete and submit this Claim Form and all attachments (together, the "Claim"). I have reviewed the entire Claim. I affirm that the contents of this Claim are true, correct, and complete.

If any of the information in this Claim changes, I will inform the Department of Consumer and Worker Protection of those changes.

I understand that the Department of Consumer and Worker Protection has not yet considered this Claim.

This Affirmation shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

I affirm that these statements are true and correct.

Print Full Name

Claimant Signature

Date

State of _____)

)ss.:

County of _____)

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public