



UTAH DEPARTMENT
OF COMMERCE
Division of Professional Licensing

SPENCER J. COX
Governor

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

DEIDRE M. HENDERSON
Lieutenant Governor

APPLICATION FOR PAYMENT

**RESIDENCE LIEN RECOVERY FUND
LABORER CLAIM**

Instructions and Information

General Statement: This application is for use by LABORERS seeking payment for unpaid wages. This application is NOT for use by licensed contractors, contractors exempt from licensure, suppliers, or other qualified professional service entities.

The Utah Division of Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for registration. To facilitate the application process, **submit a complete application form, including all applicable supporting documents and fees.** Failure to submit a complete the application and supply all necessary information will delay processing and may result in denial of the claim. The fees are for processing your application and will not be refunded nor reimbursed.

Please read all instructions carefully. DOPL cannot and will not act as an agent for the applicant to gather the documents necessary to complete the application.

GENERAL INSTRUCTIONS, SUPPORTING DOCUMENTS, AND FEES:

1. Submit a complete Application for Payment. Do not leave any questions blank. If a question does not apply, please indicate such with "N/A."
2. Submit evidence that the residence at issue is owner-occupied, as shown by **one** of the following:
 - A complete Owner-Occupied Residence Affidavit** (page 9 of this packet). An affidavit from the owner must show that they are an owner as defined in Utah Code § 38-11-102(16) and that the residence is an owner-occupied residence as defined by Utah Code § 38-11-102(17).
 - A copy of a civil judgment** finding that the owner of the residence is an owner as defined in Utah Code § 38-11-102(16) and that the residence is an owner-occupied residence as defined by Utah Code § 38-11-102(17).
 - Documentation that the claimant has been prevented from obtaining from the owner**, the affidavit described above along with credible evidence establishing that the owner is an owner as defined in Utah Code § 38-11-102(16) and that the residence is an owner-occupied residence as defined by Utah Code § 38-11-102(17).



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3. Submit evidence that the claimant has attempted to collect for unpaid wages, as shown by **one** of the following:
 - A copy of a wage claim assignment filed with the Employment Standards Bureau of the Antidiscrimination & Labor Division of the Labor Commission of Utah. Please include copies of all supporting documentation originally submitted with the claim assignment.
 - A copy of a civil action filed by the claimant against the claimant's employer to recover the wages owed.
4. Submit evidence that demonstrates: 1) the claimant was an employee, 2) the claimant is entitled to wages which have not been paid by the employer, and 3) the amount of the of wages actually due to the claimant. Evidence must include **one or more** of the following:
 - A copy of the final administrative order for payment issued by the Employment Standards Bureau of the Antidiscrimination & Labor Division of the Labor Commission of Utah. The order must contain a finding that the claimant is an employee and that the claimant has not been paid wages due for work performed at the site of construction on an owner-occupied residence.
 - A copy of a civil judgment entered in favor of the claimant against the employer. The judgment must include a finding that the employer failed to pay the claimant wages due for work performed at the site of construction on an owner-occupied residence.
5. Submit evidence that you have served this application on the nonpaying party and the homeowner by completing **all** of the following:
 - Complete the attached Certificate of Service (page 11 of this packet).
 - Attach a copy of the Certificate of Service to a copy of this completed claim application and send both by certified mail, return receipt requested, to the nonpaying party.
 - Attach the original Certificate of Service to this original application.
6. If the claimant is requesting **reimbursement for attorney's fees**, the judgment must award a sum-certain amount for attorney's fees. If the nonpaying party's bankruptcy prevented the claimant from obtaining a judgment, the claimant may recover attorney fees only if the claimant or the claimant's attorney submits documentation meeting the provisions of Utah Administrative Rule § R156-38a-204c.
7. If the claimant is **requesting reimbursement for costs**, submit documentation setting forth the amount and nature of the costs. Note that costs are limited to the amounts awarded in judgment plus those post-judgment costs that would be awardable in district court. If the claimant has not obtained judgment against the nonpaying party, costs are limited to those costs awardable in district court.
8. If applicable, submit a copy of the claimant's **proof of claim** filed with the bankruptcy court as part of the nonpaying party's bankruptcy action.
9. Submit a \$15.00 non-refundable, application-processing fee, payable to "**DOPL-LRF.**"

ADDITIONAL IMPORTANT INFORMATION:

1. The completed application must be filed with DOPL within one year of the date the claimant completed his/her qualified services on the owner-occupied residence. If the application is not received within that time, DOPL has no jurisdiction to consider the claim.



2. Laws and Rules: You are required to understand all Utah laws and rules pertaining to your membership in the Residence Lien Recovery Fund:

- UTAH RESIDENCE LIEN RESTRICTION AND LIEN RECOVERY FUND ACT
(Utah Code § 38-11)
- RESIDENCE LIEN RESTRICTION AND LIEN RECOVERY FUND RULES
(Utah Administrative Code § R156-38a)

Copies of these laws and rules may be obtained on DOPL's website:
dopl.utah.gov/residence-lien-recovery-fund.

3. Current Documents: Applications, statutes, rules and forms are occasionally changed. Go to dopl.utah.gov/residence-lien-recovery-fund to ensure you have the most recent version of these documents.

4. **Definitions:**

Laborer means a person who provides services at the site of the construction on an owner-occupied residence as an employee of an original contractor or other qualified beneficiary performing qualified services on the residence [Utah Code § 38-11-102(12)]

Owner means a person who contracts with a contractor who is licensed or exempt from licensure under the Utah Construction Trades Licensing Act for construction on an owner occupied residence, or with a real estate developer for the purchase of a an owner occupied residence. [Utah Code 38-11-102(16)] However, any person or developer who builds residences that are offered for sale to the public does not qualify as an owner. [Utah Admin. Code R156-38a-102(11)]

Owner-Occupied Residence means a residence that is, or after completion of the construction on the residence will be, occupied by the owner or the owner's tenant or lessee as a primary or secondary residence within 180 days after the day on which the construction on the residence is complete. [Utah Code § 38-11- 102(17)]

Qualified Services include any of the following: contractor services; architectural services; engineering services; land surveying services; landscape architectural services; design and specification services of mechanical and other systems; other services relating to the design, drawing, surveying, specification, cost estimation, or other professional services; providing materials, supplies, components or similar products; renting equipment or materials; and providing labor at the site of construction; and site preparation, set up, and installation of factory built housing, but not the construction of factory built housing in the factory. [Utah Code § 38-11-102(19)]

Subsequent Owner means a person who purchases a residence from an owner within 180 days from the date of the completion of the construction on the residence. [Utah Code § 38-11-102(22)]

5. **Limitation on Claim Amount:** Payments from the Fund may not exceed \$75,000 per residence for all claims of all qualified beneficiaries and laborers for that residence. If the total claims on any given residence exceed \$75,000, claims on that residence will be paid on a pro-rata basis.
6. **Separate Claims:** Separate claims must be filed and a separate claim-processing fee must be paid, for each property.



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7. **Claim Application Fee:** The claimant must pay a \$15.00 non-refundable claim application-processing fee at the time the application is submitted. This fee is non-refundable because it helps cover the cost of processing the application.
8. **Updating Address Information:** It is the claimant's responsibility to maintain a current address with the Fund. All correspondence will be sent to the last known address shown on the Fund's records. If the claimant's address or any other pertinent information should change, the claimant must notify the Fund of this change in writing. If the claimant's address is incorrect, the claimant will not receive claims-related correspondence, which could result in the denial of a claim.
9. **Payments:** Make Claim-processing fees payable to "DOPL-LRF."
10. **Deliver completed application to:**

By US Postal Service:

**Residence Lien Recovery Fund
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Residence Lien Recovery Fund
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111**

Phone: (801) 530-6719

Fax: (801) 530-6511

email: constructionprograms@utah.gov



LRF APPLICATION FOR PAYMENT

CLAIMANT GENERAL INFORMATION

Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Claimant's Attorney (if applicable):

Name: _____
First Middle Last

Law Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

NONPAYING EMPLOYER INFORMATION:

Company Name: _____ Contractor License #: _____

Supervisor's Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Nonpaying Party's Attorney (if applicable):

Name: _____
First Middle Last

Law Firm: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____



HOMEOWNER:

Homeowner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Subsequent Homeowner (if applicable):

Homeowner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Owner-Occupied Residence:

Address: _____

City: _____ State: _____ Zip: _____

Legal Description (required): _____

RESIDENCE & QUALIFIED SERVICES:

Residence is a (*select one*):

Detached, single-family dwelling Duplex residence

Other, describe: _____

Amount nonpaying employer owes claimant for work on this residence: \$ _____
(total amount of wages owed before deductions)

Dates claimant worked on this residence: from: _____ to _____



Please describe the work performed by the claimant:

Four horizontal lines for describing work performed.

Date construction on residence was completed by original contractor: _____

Date owner(s) began occupying residence: _____

Is the owner or owner’s tenant or lessee occupying the residence as a primary or secondary residence? Yes No, Explain:

Three horizontal lines for explaining the residence occupancy question.

Did the owner purchase the residence from a previous owner within 180 days from the date construction was completed? No Yes, Explain:

Three horizontal lines for explaining the purchase question.

RESIDENCE LIEN RECOVERY FUND QUALIFYING QUESTIONNAIRE

Please complete the following question:

Has the claimant ever applied for or become a member of the Residence Lien Recovery Fund under the name listed on this application or under any other name?

No Yes, explain:

Three horizontal lines for explaining the Residence Lien Recovery Fund question.

If you answered “yes” to the above question, please provide a written explanation. The explanation must specify why the question was answered “yes” and the current status of the situation that led to a “yes” answer.

A “yes” answer does not necessarily mean the application will be denied. However, DOPL may request additional documentation if the information submitted is insufficient.



AFFIDAVIT, CERTIFICATION AND RELEASE AUTHORIZATION

I am authorized to sign this affidavit for the claimant described and identified in this Residence Lien Recovery Fund claim application.

To the best of my knowledge, the information contained in this application and the supporting documents are free from fraud, misrepresentation, or omission of material fact.

I will ensure that any information subsequently submitted to the Division of Professional Licensing in conjunction with this claim, this application, and/or its supporting documents will meet the same standard set forth above.

I understand that claimants who report false information, withhold information, or present false or misleading documentation pertinent to a claim in order to receive payment from the Lien Recovery Fund to which they are not entitled will be disqualified from receiving payment and may be subject to both criminal prosecution and civil penalties.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I certify that the claimant is not entitled to reimbursement from any other person for this claim as of the date of this affidavit. Should the claimant become entitled to reimbursement from any other person for this claim after this date, the claimant will immediately notify the Division of Professional Licensing.

I hereby authorize all persons, institutions, governmental agencies, employers, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah or the Residence Lien Recovery Fund Manager, any files, records or information of any type reasonably required for DOPL to properly evaluate my claim.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature of Affiant: _____ Date: _____

Printed Name: _____



OWNER-OCCUPIED RESIDENCE AFFIDAVIT

Claimant's Name: _____

If you are the owner of the indicated residence, please complete this affidavit as appropriate, sign it, and return it to the claimant. If you are not the owner of the residence, do not complete the affidavit, but return it to claimant.

I, _____ I declare under criminal penalty under the law of Utah, the following to be true:

I am the owner of a detached single family residence, duplex other type of residence located at (check the appropriate box):

Address: _____ City: _____ State: _____ Zip: _____

Construction on this residence was or will be completed on: _____ (date).

I am will be am not will not be occupying this property as my primary or secondary residence (check the appropriate box).

I began or will begin occupying this property as a primary or secondary residence on _____.

I am am not renting or leasing this property as a primary or secondary residence to:

Subsequent Homeowner's or Tenant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

My tenant or lessee began or will begin occupying this property on _____.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature of Affiant: _____ Date: _____

Printed Name: _____



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Dear Resident:

The State of Utah has enacted the Residence Lien Restriction and Lien Recovery Fund Act—Title 38, Chapter 11 of the Utah Code. The Act has two primary purposes: (1) the Act provides qualifying homeowners with protection against mechanics' liens and (2) the Act creates a fund of last resort, the Residence Lien Recovery Fund, to pay contractors and suppliers ("*claimants*") who are prevented by the Act from recovering through the mechanics lien process.

To recover from the Fund, a claimant must establish that the residence for which services or materials were provided is an "owner-occupied residence." The Act defines an "owner" as a person who contracts with a contractor for construction on or purchase of a single-family dwelling or a duplex. Such a residence becomes "owner-occupied" if the owner, the owner's tenant, or the owner's lessee occupies the residence as a primary or secondary residence within 180 days from the date construction is or will be completed.

A claimant is providing you with the attached Affidavit because you appear to be the owner of a property for which the claimant has provided goods and/or services. The claimant is required to obtain this Affidavit as part of making a claim for payment from the Lien Recovery Fund.

If you are the owner of the property, please review and complete the Affidavit attached to this letter. Please complete the Affidavit and return it to the claimant within 30 days of receiving it. Please complete all sections and provide all information requested on the Affidavit. If you are not the owner of the property, please immediately return the uncompleted Affidavit to the claimant.

Completing and signing the Affidavit **will not** subject you to liens or obligate you to pay the claimant but may eliminate the need for you to be subpoenaed as a witness at a deposition or hearing regarding this claim.

Thank you for taking the time to complete, sign, and return the Affidavit. Respectfully,

Aaron Godar

Lien Recovery Fund Manager

Claimant's Name

Claimant's Address

Claimant's City, State, & Zip

Claimant's Telephone Number

BEFORE THE DIVISION OF PROFESSIONAL LICENSING
DEPARTMENT OF COMMERCE, STATE OF UTAH

Claimant's Name Claimant,

v.

Nonpaying Party/Defendant in Civil Actions' Name Permissive Party,

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, I served a **LABORER CLAIM APPLICATION** for _____'s claim for qualified services provided for _____ on property owned by _____

(property owner's name)

, along with this **CERTIFICATE OF SERVICE**, on the following by depositing a copy in the U.S. mail, return receipt requested, postage pre-paid, addressed to:

Permissive Party: _____

Address: _____ City: _____ State: _____ Zip: _____

Property Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signature: _____ Date: _____

Printed Name: _____