

USDA-FmHA Form FmHA 1924-4 (Rev. 10/90)	<b>DOCUMENTATION OF CONSTRUCTION COMPLAINT/REQUEST                  FOR COMPENSATION FOR CONSTRUCTION DEFECTS</b>	FORM APPROVED OMB NO. 0575-008
<b>PART I - DOCUMENTATION OF CONSTRUCTION COMPLAINT(S)</b>		
NAME, ADDRESS and CASE NUMBER OF BORROWER  (1)	TYPE OF WARRANTY: (3)  <input type="checkbox"/> 1. Builder's Warranty - Term _____  <input type="checkbox"/> 2. Independent Home Warranty - Term _____ (Address):  <input type="checkbox"/> 3. Insured Home Warranty (HOW) - Term _____ (Address):	
NAME and ADDRESS OF CONTRACTOR  (2)		
FmHA was notified of construction complaints on Borrower's dwelling or unit, described as follows:  (4)		
_____ County Office Staff Person _____ Date _____		
<b>PART II - REQUEST FOR COMPENSATION FOR CONSTRUCTION DEFECTS</b>		
Assistance requested from the Government under Section 509(c) of the Housing Act of 1949:		
<input type="checkbox"/> 1. Repair defects. <span style="margin-left: 200px;"><input type="checkbox"/> 4. Pay moving, storage or relocation expenses</span> <input type="checkbox"/> 2. Reimburse for emergency repairs (5) <span style="margin-left: 100px;"><input type="checkbox"/> 5. Pay damages resulting from the defect(s).</span> <input type="checkbox"/> 3. Pay temporary living expenses. <span style="margin-left: 100px;"><input type="checkbox"/> 6. Convey dwelling or unit to FmHA with release                  from liability for FmHA loan.</span>		
Describe in detail the defects for which compensation is requested, the proposed repairs, and the estimated cost. If number 2 is checked above, receipts must be attached. If number 3, 4, or 5 is checked, documentation supporting the amount requested must be attached.  (6)		
The undersigned certify that I/We are the sole lawful owners of the subject property and the only person(s) entitled to any special relief.  It is understood that the determination by FmHA of this claim is final and conclusive.  It is agreed that on the rendering of any assistance pursuant to Section 509(c) of the Housing Act of 1949, FmHA will be subrogated to all rights, equities and remedies that I/We have against the builder or other persons arising out of the defect or defect(s) compensated for, and FmHA will be fully substituted in our place for such purpose and I/We will execute assignments or request.  I/We understand that Section 1001 of Title 18 of the United States Code relating to Farmers Home Administration transactions provides: "whoever, for the purpose of . . . influencing such Administration . . . makes, passes, utters or publishes any statement knowing the same to be false . . . shall be fined not more than \$5,000 or imprisoned not more than two years, or both."		
CLAIMANT (Signature)  (7a)	DATE	CO-CLAIMANT (Signature)  (7b)
Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0575-0082), Washington, D.C. 20503. Please DO NOT RETURN this form to either of these addresses. Forward to FmHA only.		

Used by the County office to obtain formal requests for compensation for construction defects from FmHA borrowers who claim such financial assistance. Also used by approval official to record the amount of the claim which is approved and final approval of the claim. Also used by County Supervisor, after the form has been marked "FUNDED," to order claim check from the Finance Office.

(see reverse)

PROCEDURE FOR PREPARATION

: FmHA Instruction 1924-F

PREPARED BY

: Claimant and approval official,

NUMBER OF COPIES

: Original and three copies.

SIGNATURES REQUIRED

: Claimant and approval official,

DISTRIBUTION OF COPIES

: Original and one copy to State office; one copy to claimant; one copy to borrower case file.

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Status of action against contractor:

(8)

I HEREBY CERTIFY that all of the administrative determinations and certifications required by Farmers Home Administration regulations prerequisite to providing assistance of the type indicated above have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth below, and by this document, subject to the availability of funds, the Government agrees to advance such amount to the applicant for the purposes of and subject to the conditions prescribed by Farmers Home Administration regulations applicable to this type of assistance.

CLAIM APPROVED FOR:

- (9)
- 1. Repair defect \$ \_\_\_\_\_
  - 2. Reimburse for emergency repairs \$ \_\_\_\_\_
  - 3. Pay temporary living expenses \$ \_\_\_\_\_
  - 4. Pay moving, storage, or relocation expenses \$ \_\_\_\_\_
  - 5. Pay damages resulting from the defect \$ \_\_\_\_\_
  - 6. Cancel loan and take dwelling or unit into inventory.
- AMOUNT OF CLAIM \$ \_\_\_\_\_

APPROVAL OFFICIAL (10a)		COUNTY OFFICE MAILING ADDRESS (11)	DATE FUNDING AUTHORIZED BY THE NATIONAL OFFICE (12)
TITLE (10b)	DATE APPROVED (10c)		

TO THE APPLICANT: As of this date, \_\_\_\_\_, this is notice that your application for the above financial assistance from the Farmers Home Administration has been approved, as indicated above, subject to conditions required by the Farmers Home Administration. If you have any questions, please contact the County Supervisor.

INSTRUCTIONS FOR PREPARATION

- (1) Enter name(s) of claimant(s), the address of the property, for which compensation is requested, and the borrower's case number.
- (2) Enter the name, both company and individual(s), and address of the party responsible under the warranty.
- (3) Check type of warranty and enter its term. If applicable, enter the address of the warranty company.
- (4) Insert brief description of borrower's complaints; whether received orally or in writing; the signature of the county office staff person receiving the complaint; and the date the complaint was received.
- (5) Check applicable items.
- (6) Self-explanatory.
- (7a) Claimant's signature.
- (7b) Co-claimant's signature.
- (8) Briefly describe action taken against contractor to date, including status of debarment proceedings.
- (9) Insert the amount(s) approved for each category of assistance and total grant approved.
- (10a) Signature of approval official. Do not sign until funds have been authorized by the National Office.
- (10b) Insert title of approval official.
- (10c) Insert approval date.
- (11) Self-explanatory.
- (12) Insert date of memo from National Office authorizing funds for the claim.
- (13) Insert approval date from (10c).