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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Application for Compensation for Property Damage  Harmful Substance Compensation Program  Superfund Program  *Doc Type: Application* |

## **Instructions:** Complete this form to apply for financial aid for property damage caused by harmful chemical substances. If you have questions regarding the form or your application, please contact Jennifer Haas at 651-757-2401 or [jennifer.haas@state.mn.us](mailto:jennifer.haas@state.mn.us).

## **Email** an electronic copy of the completed form and attachments **to:** [**jennifer.haas@state.mn.us**](mailto:jennifer.haas@state.mn.us)**.**

## **Send a hardcopy** of the completed formand attachments to**:**

Jennifer Haas, Superfund Section, Minnesota Pollution Control Agency, 520 Lafayette Road North, St. Paul, Minnesota 55155-4194.

**Tennessen warning:** It is possible that some of the information that you are being asked to provide on the attachments associated with this form may be classified as private data on individuals (as described in Minn. R. 1205.0200, subp.9, Minn. R. 1205.0400 and Minn. Stat. § 13.02, subd. 12). You are being asked to provide this information to assist the Minnesota Pollution Control Agency (MPCA) in assessing your eligibility for reimbursement from the Harmful Substance Compensation Fund. You are not legally required to provide the requested information. If you supply the requested information, it will be used to assist the MPCA in processing your application and in assessing your eligibility for reimbursement from the Harmful Substance Compensation Fund. If you do not supply the requested information, it may be difficult for the MPCA to process your application and to assess your eligibility for reimbursement from the Harmful Substance Compensation Fund. The not public data that you provide will be available only to those personnel whose work assignments reasonably require access and to those entities/persons authorized by court order or law.

## **Applicant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | |
| Address: |  | | | | Phone number: |  |
| City: |  | | State: |  | Zip code: |  |
| Email address: | |  | | | | |

## **Property Information (where damage occurred)**

Same as above

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | State: | | |  | | | Zip code: | | |  |
| Property Identification Number (PIN): | | | |  | | | | | | | | County: | | |  | |
| Date of property ownership: | |  | | | | to | |  | | | |  | | | | |
| Is this your principal residence? | | | Yes  No | | | | | | | | | | | | | |
| If no, occupied property from: | | | | |  | | | | to | |  | | |  | | |

## **Eligible Property Damage (check all boxes for which you seek compensation)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. Contamination of drinking water at principal residence | | | | | | | | | | |
|  | 2. Soil vapor intrusion at principal residence | | | | | | | | | | |
|  | 3. Lowered sales price of residence with contamination | | | | | | | | | | |
|  | 4. Losses due to inability to sell residence with contamination | | | | | | | | | | |
| List harmful substances on the property: | | |  | | | | | | | | |
| Where were they found? (i.e., private well sample, indoor air) | | | | | | |  | | | | |
| Is the source of the harmful substance known? | | | | | Yes  No | | | | | | |
| If yes, please list the name of facility or site: | | | |  | | | | | | | | |
| City: | |  | | State: | | | |  | Zip code: | |  | |
| When was the damage discovered (mm/dd/yyyy)? | | | | | |  | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If you checked No. 1 or No. 2 above, please answer the following:** | | | | | |
| How did you learn that your drinking water or soil vapor was contaminated? **Attach copies of notices or letters**. | | | | | |
|  | | | | | |
| Did the Minnesota Department of Health recommend that you obtain an alternate source of drinking water? **Attach documentation.** | | | | | |
| Yes  No | | | | | |
| **If you checked No. 3 or No. 4 above, please answer the following:** | | | | | |
| What was the appraised value of the home before the contamination was discovered? **Attach appraisal or tax statements**. | | | | | |
|  | | | | | |
| What is the name of your real estate agent? Agent Name: | | |  | | |
| Company Name: |  | | | Phone Number: |  |
| What was the sale price of your home?  **Attach copy of settlement agreement.** | |  | | Date (mm/dd/yyyy): |  |
| Why did you need to sell your home? (Attach statement if more space is needed.) | | | | | |
|  | | | | | |

## **Compensation**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Did you connect to your city water supply, install a system for decontaminating drinking water, or install a soil vapor mitigation system at your home?  Yes  No | | | | | | | | |
| If yes, please describe the system: | |  | | | | | | |
| Please list the date it was installed (mm/dd/yyyy): | | | |  | |  | | |
| What amount of compensation are you seeking? | | |  | | | | | |
| How did you determine this amount? **Attach all dated receipts, invoices and proof of payment.** | | | | | | | | |
|  | | | | | | | | |
| Have you received any compensation for this damage from another source? | | | | | | | Yes  No | |
| If yes, list names and amounts: |  | | | | | | | |
| Is this damage covered under your property insurance policy? | | | | | Yes  No | | | |
| Have you brought an action in court for the property damage? | | | | | Yes  No | | | |
| Have you tried to recover your loss from the person responsible for the release of the harmful substance? | | | | | | | | Yes  No |
| If attorney is involved, name of attorney and law firm: | | | |  | | | | |

## **Certification**

I certify that all statements in this application are true and complete to the best of my knowledge:

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |  | | |
| Signature: |  | Date (mm/dd/yyyy): |  |

**Notary signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this: | | | | |
|  | day of |  | , |  |
|  | | | | |
| County | | | | |
|  | | | | |
| My Commission Expires | | | | |
|  | | | | |
| Notary Signature | | | | |