

**CDCLI, LLC
Microbial Cleaning & Remediation Program**

1. Household Composition and Income: List all persons who will be living in your home listing head of household first. From your 2012 Income Tax Return(s), please list the adjusted gross income received by everyone living in your household. Please attach a full copy of each return. If you have requested an extension for filing, please provide copies of your W-2 and 1099 forms for 2012.

(Legal Name)	Date of Birth	Relationship to Head of Household	Adjusted Gross Income as indicated on Form 1040 (2012) line 37.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Contact Information/ Home Information Address: _____ Tax Map Number _____

Homeowner			Co-Owner		
Home Address		Years at Address ____	Home Address		Years at Address ____
City	State	Zip	City	State	Zip
Daytime Phone	Evening Phone	Cell Phone	Daytime Phone	Evening Phone	Cell Phone
U.S. Citizen? ____ Yes ____ No If no, resident alien ____ Yes ____ No			U.S. Citizen? ____ Yes ____ No If no, resident alien ____ Yes ____ No		

Please attach copy of: Deed Current mortgage statement Current tax bill

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. Failure to provide accurate information can result in immediate dismissal from this program.

Signature of Homeowner _____ Date _____

Printed Name _____

Signature of Co-Owner _____ Date _____

Printed Name _____

VOLUNTARY INFORMATION FOR FUNDER REPORTING PURPOSES

For reporting to program funders, we request information as to race, national origin and gender. The homeowner may refuse to furnish this information without discrimination.

Race/National Origin: American Indian _____ Alaskan Native _____ Asian/Pacific Islander _____

African American _____ White _____ Mixed _____ Other _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Number of Family Members by Gender: Female _____ Male _____

I do not wish to furnish this information (initials) _____

Return to:
Microbial Cleaning and Remediation Program, CDC of Long Island 2100 Middle Country Road Centereach NY 11720.

CDCLI Microbial Cleaning & Remediation		Observer's name:	Date/Time:		
Address:		Floor(s):	Areas Impacted: (check all that apply)		
			Rooms: <input type="checkbox"/> Living Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Bath <input type="checkbox"/> Bedroom <input type="checkbox"/> Dining Room <input type="checkbox"/> Other <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab On Grade		
Removal of Water & Water-Damaged Materials					
Date water removed:				Removed by:	
Has water returned? (Y/N):		<input type="checkbox"/> Y <input type="checkbox"/> N	explain:		
Porous, damaged items removed? (Y/N):		<input type="checkbox"/> Y <input type="checkbox"/> N			
Drying					
Completed repairs to prevent leaks?		<input type="checkbox"/> Y <input type="checkbox"/> N	Types:		Date(s)
Fans applied?		<input type="checkbox"/> Y <input type="checkbox"/> N	explain:		
Dehumidifier applied?		<input type="checkbox"/> Y <input type="checkbox"/> N			
Heat applied?		<input type="checkbox"/> Y <input type="checkbox"/> N			
Homeowner's Moisture Testing (if available)					
Moisture meter reading #1		<input type="checkbox"/> Y <input type="checkbox"/> N	Time:	Result:	Explanation:
Moisture meter reading #2		<input type="checkbox"/> Y <input type="checkbox"/> N	Time:	Result:	
Moisture meter reading #3		<input type="checkbox"/> Y <input type="checkbox"/> N	Time:	Result:	
Observer's Assessment and Recommendations					
All visible water removed?		<input type="checkbox"/> Y <input type="checkbox"/> N	If no to either, explain:		
Water damaged surfaces remain?		<input type="checkbox"/> Y <input type="checkbox"/> N			
Moisture meter reading taken?		<input type="checkbox"/> Y <input type="checkbox"/> N	Time:	Result:	Explanation:
Confirmation moisture meter reading?		<input type="checkbox"/> Y <input type="checkbox"/> N	Time:	Result:	
Recommended for CDCLI Program? Comments?					
Exceptions: Explain any specific areas of the home that differ from what was listed above. (Check here if none <input type="checkbox"/>)					
Other potential hazards found in the home. (Check here if none <input type="checkbox"/>)					
Team leader's printed name		signature		Organization	

CDCLI, LLC
Microbial Cleaning and Remediation Program
Right of Entry Agreement

CDCLI ID #		
Owner Name		
Street Address		
City		
Zipcode		
Phone	Primary	Alternate

The Owner named above ("Owner") hereby unconditionally authorizes CDCLI, LLC, (CDCLI) its related companies, all directors and officers, and their respective assigns, employees, agents and funders (collectively, the "Assistance Providers") to have the right of access and to enter in and onto the property described above (the "Property") for the purpose of performing evaluations and inspections, at no expense to Owner, in connection with the Long Island Microbial Cleaning and Remediation Program being administered by CDCLI (the "MCRP"). Owner also warrants that said residence is their primary residence.

Owner understands and acknowledges that: (a) this Right of Entry Permit ("ROE") does not create any obligation on the part of the Assistance Providers to perform said evaluations and inspections; (b) any services under the MCRP will be performed by environmental consultants (each an "Environmental Consultant") and contractors (each a "Contractor"), respectively, pursuant to separate contracts between Owner and any such Environmental Consultant and/or Contractor; and (c) the MCRP and the services performed pursuant thereto are to be provided subject to the Statement of Work Limitations attached hereto.

1. Time Period: The ROE shall expire 90 days after this form is signed, unless sooner cancelled according to the terms herein.

2. Inspection: Owner understands that the Environmental Consultants and Contractors shall, in their sole discretion, determine the extent of the required mold treatment services at the Property. If Owner disagrees with the nature or extent of proposed actions, Owner may terminate this Agreement and the ROE granted hereby will be terminated and of no further force and effect.

3. Disclosures: By signing this Agreement, Owner acknowledges that any microbial cleaning and remediation activities at the Property will be conducted in accordance with a Scope of Work to be developed by an Environmental Consultant, who will enter into a **service agreement** with Owner. Services will be provided by the Environmental Consultant at a predetermined price.

4. Waiver and Hold Harmless: The undersigned will indemnify and hold harmless the Assistance Providers for any and all liability, loss, damage, or destruction of any type whatsoever to the above described property or to personal property and fixtures situated thereon, or for bodily injury or death to persons on the property, and hereby releases, discharges and waives any and all liability, claims, demands, damages, injuries, losses, penalties, fines, costs, causes of action, judgments, expenses, as well as any and all actions, either legal or equitable, which the undersigned has, or that might arise, of any nature whatsoever and by whomever made, or may have, by reason of or incident to any action of aforesaid Assistance Providers taken to accomplish the aforementioned purpose.

5. Miscellaneous:

a. Owner represents and warrants that Owner has full power and authority to execute and fully perform Owner's obligations under this ROE. If Owner is an entity, Owner also represents and warrants that Owner has such power and authority pursuant to its governing instruments, without the need for any further action, and that the person executing this ROE on behalf of Owner is the duly designated agent of Owner and is authorized to do so, and must provide documentation to that effect. Owner expressly represents and warrants that fee title to the Premises is vested solely in Owner.

b. All tools, equipment, and other property taken upon or placed upon the property by the Assistance Providers shall remain the property of the Assistance Providers and may be removed by the Assistance Providers at any time within a reasonable period after the expiration of this ROE, if necessary.

c. Information Sharing: Information is collected to make it possible for CDCLI, its employees, agents, contractors and/or representatives to enter the Property and to evaluate and inspect the Property as required to carry out the purposes of the MCRP. Information submitted will be shared with government agencies (Federal, State and City), CDCLI contractors, subcontractors and employees, as well as with voluntary agencies performing inspections and/or emergency repairs, for official use only in accordance with the purposes stated in this ROE.

Signature(s) and Witness

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) this _____ day of _____, 2013.

Owner Signature
Date: _____

Witness Signature

Printed Name

Printed Name

Phone Number: _____

STATEMENT OF WORK LIMITATIONS

The Undersigned acknowledges the following regarding the work to be performed by CDCLI, LLC, as authorized by the Right of Entry (ROE):

1. I understand that the purpose of the Microbial Cleaning and Remediation Program is to provide services in accordance with program guidelines, and a scope of work to be developed for the property. The scope of work will specify the specific services to be offered for the home, and no other work will be performed in the home.

2. I acknowledge that the Microbial Cleaning and Remediation Program has a limited scope, and that it is understood that some mold will not be removed by this Microbial Cleaning and Remediation Program. For example, it can be expected that mold will remain in wood-to-wood interfaces, non-readily accessible areas of wall, ceiling and floor cavities, behind built-in cabinetry that is not removed, and other non-accessible or difficult to access areas. I also acknowledge that testing of indoor air quality is not part of the work scope of this Microbial Cleaning and Remediation Program.

3. I acknowledge that CDCLI does NOT guarantee the mold removed in the Microbial Cleaning and Remediation Program will not return.

4. I acknowledge that the Microbial Cleaning and Remediation Program will not repair sources of water intrusion in my home.

5. I acknowledge that the Microbial Cleaning and Remediation Program will NOT replace damaged flooring or wall coverings removed from the home nor make any other repairs to building components damaged as a result of the Microbial Cleaning and Remediation Program.

6. I acknowledge that CDCLI will NOT remove any flood-damaged, fire-rated walls, or systems which are required by fire code. Removal of these walls or systems is the responsibility of the homeowner.

_____ Owner's signature

_____ Address

_____ Date