

# Healthy AIR Program Client Application

This is an agreement between \_\_\_\_\_ and \_\_\_\_\_  
[Service Provider] [Client]

Client Address \_\_\_\_\_ Client ID# \_\_\_\_\_

[Service Provider] shall provide asbestos abatement services in compliance with the Minnesota Weatherization Assistance Program specifications **AT NO COST TO THE CLIENT** listed at the above address.

The **Healthy AIR Program** is a program developed and managed by the MN Dept of Commerce that assists in the removal of asbestos containing vermiculite in conjunction with Weatherization services. Vermiculite in attics is removed through asbestos abatement performed by Minnesota Department of Health licensed asbestos abatement contractors. In order for there to be at no cost to the client this waiver must be signed.

By signing this document you are both enrolling in Healthy AIR and authorizing Zonolite to reimburse your service provider or contractor.

1. The [Service Provider] \_\_\_\_\_ may release my name and address to contractors and/or sub-contractors for the limited purpose of completing the necessary work above and/or acquiring bids for the work needed above, and to provide the services of the Service Provider and representatives of its funding sources, including the Minnesota Department of Commerce, access to the dwelling unit(s) to inspect the work performed under this agreement for a period of one year from completion of the work.

I acknowledge that the appeals process for weatherization work has been explained to me by Minnesota Weatherization Assistance service provider staff.

\_\_\_\_\_  
Property Owner Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Provider Representative Signature (required)

\_\_\_\_\_  
Date