

# Application for Free Radon Reduction System

Please complete the following application and sign the consent to request consideration for a free radon mitigation system installation. This application must be submitted by May 30.

## Resident Information

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Property Owner (if it differs from above)

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Radon Test Result (must be within last 5 years): \_\_\_\_\_ (pCi/L) (attach the test report to this application)

What room and floor did you test? \_\_\_\_\_ How many people live in the home? \_\_\_\_\_

On the floor you tested, do people spend 10 hours per week or more? Yes No

Does anyone sleep in the basement or lower level of the home? Yes No

Is there someone who currently or previously lived in the home diagnosed with cancer? Yes No Type of Cancer \_\_\_\_\_

Total household income of residents (annual): \$ \_\_\_\_\_ Income is: pre-tax after tax

Total out of pocket medical expenses of residents (annual): \$ \_\_\_\_\_

Are you (resident) eligible for any government assistance programs? Please explain. This could include Minnesota Care, Medicaid, CHIP, WIC, child care assistance, free or reduce school lunch. If available, please attach any documentation and provider enrollment numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can the radon mitigation professional take pictures and video footage of the radon mitigation system installed in your home? Yes No

Are you (resident) willing to be: 1) Photographed? Yes No 2) Video recorded? Yes No 3) Interviewed? Yes No

I give permission to have a radon system installed in my property or to fix the current radon system, if one is installed.  
Yes No

## Free Radon Mitigation Consent

You are asked to submit your contact information (address, phone number and email) to A Breath of Hope Lung Foundation (ABOH) along with information about your property and finances. This information will be stored by ABOH. The data will be considered private and stored securely. The information will be shared with the Minnesota Department of Health and Midwest Radon Specialists, to select properties to mitigate and complete mitigation. Questions and applications should be sent to: Amanda Pederson, A Breath of Hope Lung Foundation, PO Box 387, Wayzata, MN 55391, [amanda@abreathofhope.org](mailto:amanda@abreathofhope.org) or 952-405-9201. Test kits can also be requested from Amanda.

Through this program, you may identify that your home has elevated indoor radon levels, which is known to cause lung cancer. Elevated radon levels can be reduced in virtually every home with a properly installed radon reduction system. Five to ten homes participating in this project with the greatest radon risk and financial need will be offered free radon reduction systems. It is possible that not all homes with elevated radon will receive free radon reduction systems; homeowners that are not offered a radon reduction system can choose to hire a contractor to mitigate radon, which usually costs between \$1,500 and \$2,000. The installation of a radon reduction system requires the approval of the homeowner; renters will need to obtain this approval before proceeding with installation. In rare cases, it is possible that indoor radon levels will not be reduced by a radon reduction system installed by a professional. Also, in rare cases, back-drafting from combustion appliances might occur; a safety check of your appliances will be conducted after installation of the radon reduction system.

Video and photos taken in your home will be used for educational and outreach purposes. They may be used in social media, in reports, presentations and other educational and reporting associated with the project. The property or people won't be identified in these materials, unless you choose to be interviewed, photographed and/or video recorded.

Being photographed, video recorded and interviewed for the educational video and photographs is optional. Declining won't affect your selection for a radon mitigation system.

By signing, you attest to the accuracy of information submitted and understand that intentional errors and omissions could lead to removal from project and future benefits. You also affirm that you read the above information about the purpose and procedures of the information being collected, your questions have been answered, and you understand that you can have any future questions answered. By signing you agree to the installation of a radon reduction system in your home by June 25, 2018.

Resident (Renter)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner(s)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_