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CHIQUITA CANYON LANDFILL COMMUNITY RELIEF



APPLICATION FORM

For Office Use Only

Chiquita Canyon Landfill is experiencing an elevated temperature landfill (ETLF) event or reaction deep underground in an older, inactive portion of the Landfill. This ETLF event has caused an increase in the production of landfill gas and liquids at the Landfill, and an increase in corresponding odors.

Chiquita has a community relief program designed to assist the Landfill’s neighbors by providing funding for the following expenses associated with odor mitigation: Temporary relocation, home hardening, and/or increased utility bills.

Funding is currently available for residents of the following neighborhoods: Val Verde, Live Oak, Hasley Hills, Hillcrest Parkway, Hasley Canyon, Stevenson Ranch, and Williams Ranch. For a complete description of the included neighborhoods, please go to www.ChiquitaLandfillCommunityRelief.com or **scan the QR code above.**

The scope of the Community Relief Program is under continuous evaluation. If you believe you are impacted by odors from the Chiquita Canyon Landfill, but do not live in a listed neighborhood, please fill out the application and mail it to the address below. If the scope of the funding changes at a later date, your application will be considered then.

For more information, please visit www.ChiquitaLandfillCommunityRelief.com or call (833) 425- 8787.

HOW TO QUALIFY FOR FUNDING:

To be eligible for payment you must file an application and provide proof of residence. Receipts or proof of expenses are not required to qualify at this time. Payments will be available on a monthly basis.

ONLY ONE APPLICATION PER HOUSEHOLD WILL BE ACCEPTED.

Please note, you must submit a NEW certification for each month of continued residency to qualify for additional monthly payments. This application covers ONE month of payment. Please visit the website for instructions on how to recertify next month.

Applications must be submitted online at www.ChiquitaLandfillCommunityRelief.com or postmarked no later than the last day of the month for which you are applying and mailed to the address below. No late applications will be accepted.

Chiquita Landfill Community Relief
c/o Chiquita Canyon Landfill Community Relief Administrator
PO Box 225391
New York, NY 10150-5391



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1. APPLICANT INFORMATION

First Name	MI	Last Name
Address 1	Unit / Apartment #	
Address 2		
City	State	Zip
Telephone #: (____ - ____) ____ - ____ - ____		
Email address: _____ @ _____		

If different than above, provide the physical address of the affected property as of _____ 2024.
Month

(CANNOT BE A PO BOX):

Street Address		
City	State	Zip



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2. PROOF OF RESIDENCE

a. Provide the month of residency you are applying for: _____

(note: you may only select the current month, payment for future months must be certified at a later date)

b. Select **one** type of proof of residency from the options below. Attach proof to this form that covers the current month. Proof must match the name of the applicant. (driver's license is **NOT** a sufficient proof of residence)

PLEASE DO NOT SEND ORIGINAL COPIES OF FORMS AS THEY WILL NOT BE RETURNED.

- Utility Bill (Gas, Electric, Cable, etc.)
- Lease agreement
- Credit card/bank statements
- Phone bill
- Insurance policy
- Other _____

3. ADDITIONAL RESIDENT(S) INFORMATION

a. Number of people living in your household: _____ Adults _____ Children

b. Full name and age of each person in the household:

Full Name	Age

If there are more than five additional residents in the household, list on a separate sheet and send with your application.

4. ADDITIONAL RESIDENCE INFORMATION

a. Have you temporarily relocated during the past month due to odor issues? YES NO

If YES, provide the total number of days you were relocated from your residence: _____ days

Provide a description of the issue and your need for relocation: _____

b. Have you made any home hardening improvements related to odor mitigation during this past month (i.e. Window or door upgrades, installation of central air conditioning, etc.)?

- YES NO

If YES, provide a general description: _____





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c. Have you had an increase in your utility bills associated with odor mitigation during this past month?

YES NO

If YES, provide a general description: _____

d. Are you interested in receiving an air purifier and/or replacement filters for your home?

YES NO

If YES, select your option from two models of air purifiers and/or replacement filters for the filters.

Option 1: California Air Resources Board (CARB) Certified air filtration device

Option 2: New and larger model of air purifier

Option 3: CARB Certified air filtration replacement filters

Option 4: New and larger model of air purifier replacement filters

If you would like more than one purifier, please provide the square footage of your home: _____ sq.ft.

Please note, if you have previously received an air purifier, you may only be eligible for replacement filters

By submitting this form you understand that any compensation received through this program is intended to compensate you for damages or injury you are claiming you have suffered from any odors or fumes emanating from the Chiquita Landfill, including but not limited to adverse health effects (past, current, or future), impact(s) on use, enjoyment, and/or value of property, impact(s) on daily activities, and/or any other personal injuries or property damage you may claim to have suffered.

I have attached a completed copy of a W-9 Form to this application.

I swear and affirm under penalty of perjury that all information contained herein and all information submitted to the Community Relief Administrator is truthful and accurate.

Signature

_____/_____/_____
Date

NOTE: To receive a settlement payment of \$600.00 or more, you must provide your Tax Identification Number (“TIN”) to the Administrator pursuant to the instructions below. If you do not provide your TIN to the Administrator and otherwise would be entitled to a settlement payment of \$600.00 or more, you may have an amount deducted from your settlement payment to comply with IRS Regulations. It is recommended that you provide your TIN with your Claim Form by filling out the form below.

Please contact a professional tax advisor or other qualified financial counselor with any questions concerning taxes, as neither Counsel nor the Administrator can offer tax advice.



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SUBSTITUTE FORM W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

TAXPAYER IDENTIFICATION NUMBER

Name (as shown on your income tax return): _____

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Enter your Employer Identification Number: -

or

Enter your Social Security Number: - -

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

W-9 Signature

____/____/_____
W-9 Signature Date

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

RETURN THIS FORM BY REGULAR MAIL TO:

Chiquita Landfill Community Relief
c/o Chiquita Canyon Landfill Community Relief Administrator
PO Box 225391
New York, NY 10150-5391



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TIN



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