

Crumbling Foundations Application Instructions

Revised October 2025

This application is intended to request reimbursement for monies spent on visual and/or test samplings relating to the damaging effects of pyrrhotite on concrete home foundations. **Please remember, this is a reimbursement program, so monies must be expended first, and evidence of expenditures must be submitted with the application. Applicants cannot prospectively request reimbursement for costs.**

All applications must be accompanied by:

- Proof of Home Ownership - Condos: proof of foundation ownership - usually the association declaration - *(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)*
- Testing and/or Visual Inspection Report and Results
- Pictures of Foundation Damage *(If not in Report)*
- Invoice or other Documentation of Costs *(Such as a cancelled check)*
- Dated Records of House Addition *(If applicable)*
- List of Other Units that Share Foundation *(For Condos)*
- Commonwealth Standard Contract Form *(Needed for the Commonwealth to process payment)*
- W-9 Form *(For tax purposes)*
- Electronic Fund Transfer Form *(EFT)*

Completed applications and support material shall be returned to the:

Office of Public Safety & Inspections, Crumbling Foundations
1 Federal Street, Suite 600
Boston, MA 02110-2012

Questions may be directed to Robert.Anderson@mass.gov

Eligibility requirements:

- Legislation was recently revised, removing distance and time-built requirements that appear in the original bill's text, allowing any homeowner in the commonwealth to apply for reimbursement, regardless of the home's location or when constructed.

Please note that applications may only be approved for reimbursement up to the following amounts:

- 100% for visual testing conducted by a licensed professional engineer up to \$600 maximum.
- 75% for testing two core samples up to \$4000 maximum.

An application and associated required forms are provided below; **information** in the text box below may be helpful when completing the forms. Additional information, in the form of an article titled ***Effects of Pyrrhotite on Home Concrete Foundations***, is also provided towards the end of this document. Again, please feel free to send a message to Robert.Anderson@mass.gov if something remains unclear.

Complete <i>required information</i> on the Commonwealth Standard Contract Form (The applicant needs to remember that he/she is considered the contractor for filing this form and therefore needs only to complete the top, left portion of the form, sign and date.) Dates in the body of the contract indicating start/stop times will be completed by OPSI upon receipt of completed application.	Fully complete the Electronic Fund Transfer Form (EFT) <i>(In this instance, the applicant is considered the vendor and needs to complete all parts with the exception of old banking information. Also, the applicant needs to remember to provide a voided check so that reimbursement monies are deposited in the correct account. The Tax Identification Number (TIN) is the applicant's social security number. The form also provides further instruction as to what is required for each part.)</i>
Fully complete the W-9 Form.	Finally, applicants must remember to present evidence of payment for inspections made and/or core samples tested in the form of a cancelled check, credit card statement or similar evidence, not just an invoice marked <i>paid</i> .

Crumbling Foundations Application

REQUIRED INFORMATION IS HIGHLIGHTED

First and Last Name	Phone Number	E-mail	
Address of Testing Site		City/Town	Zip Code
Mailing Address ☐ Same as Above	City/Town	State	Zip Code
Type of Property ☐ Residential ☐ Condo ☐ House Addition	Year Built	Year Addition Built	
Type of Foundation Test ☐ Visual ☐ Core Test	Date Test Conducted	Total Invoice Amount	Number of Cores
Company/Engineer Name	Phone Number	E-mail	License Number (If available)
Did your foundation test positive for pyrrhotite? ☐ YES ☐ NO ☐ I don't know Damage Level (If given) ☐ No Visible Damage ☐ Minor Degradation ☐ Minor to Moderate Degradation ☐ Moderate to Severe Degradation ☐ Severe Degradation ☐ I don't know			
Where is the location of the damage? ☐ Concrete Floors Only ☐ Concrete Wall Only ☐ Floors and Walls ☐ I don't know			
Does your house have any of the following characteristics? (Check all that you know, skip if you don't know.) ☐ Waterproofing on the exterior of the basement ☐ Routine use of dehumidifier in the basement ☐ Waterproofing in the interior walls ☐ Gutters ☐ Finished Basement or partially finished ☐ Damage was in the partially finished portion			

Please enclose the following to complete your application:

- ☐ **Proof of Home Ownership (Condos: proof of foundation ownership - usually the association declaration)**
(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)
- ☐ **Testing / Visual Inspection Report / Results**
- ☐ **Pictures of Foundation Damage (If not in Report)**
- ☐ **Invoice or other Documentation of Costs (Such as a cancelled check)**
- ☐ **Dated Records of House Addition (If applicable)**
- ☐ **List of Other Units that Share Foundation (For Condos)**
- ☐ **Commonwealth Standard Contract Form (Needed for the Commonwealth to process payment)**
- ☐ **W-9 Form (For Tax Purposes)**
- ☐ **Electronic Funds Transfer Form (EFT)**

I certify that the information entered above is complete and accurate.

Signature

Date

Mail applications to:

Office of Public Safety & Inspections, Crumbling Foundations
 1 Federal Street – Suite 600, Boston, MA 02110-2012
 Question may be directed to Robert.Anderson@mass.gov.

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or



to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Division of Professional Licensure MMARS Department Code: REG	
Legal Address: (W-9, W-4):		Business Mailing Address: 1000 Washington St., Ste. 710 Boston, MA 02118	
Contract Manager: N/A	Phone:	Billing Address (if different): Same as above	
E-Mail:	Fax:	Contract Manager: Robert Anderson	Phone: 617-826-5268
Contractor Vendor Code: VC		E-Mail: Robert.Anderson@mass.gov	Fax:
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT REG 1000 2021REGDPSR14OPEN	
		RFR/Procurement or Other ID Number: N/A - Legislative	
<u>X</u> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated Department) ☐ Collective Purchase (Attach OSD approval, scope, budget) ☐ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) ☐ Emergency Contract (Attach justification for emergency, scope, budget) ☐ Contract Employee (Attach Employment Status Form, scope, budget) ☒ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<u> </u> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20 ____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) ☐ Amendment to Date, Scope or Budget (Attach updated scope and budget) ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget) ☐ Contract Employee (Attach any updates to scope or budget) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <u>X</u> Commonwealth Terms and Conditions <u> </u> Commonwealth Terms and Conditions For Human and Social Services <u> </u> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <u>X</u> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <u> </u> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ _____.			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days <u> </u> % PPD; Payment issued within 15 days <u> </u> % PPD; Payment issued within 20 days <u> </u> % PPD; Payment issued within 30 days <u> </u> % PPD. If PPD percentages are left blank, identify reason: <u> </u> agree to standard 45 day cycle <u> </u> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <u> </u> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Reimbursement of costs to homeowners associated with implementation of testing for the presence of Pyrrhotite in the foundation of their home.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <u> </u> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <u> </u> 2. may be incurred as of <u>June 30, 202</u>____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <u>X</u> 3. were incurred as of <u>July 1, 202</u>____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 202</u>____, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: <u>N/A</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sarah R. Wilkinson</u> Print Title: <u>Commissioner</u>	

Request for Taxpayer Identification Number and Certification

Give this Form to the
requestor or the
department you are doing
business with.

► Online instructions at: macomptroller.org/wp-content/uploads/instructions_w-9.pdf

Print or type.
See Specific Instructions on page 3.

1 Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name/dba, if different from above.	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4): Exempt payee code (if any): Exemption from FATCA reporting code (if any): (Applies to accounts maintained outside the U.S.)
5 Legal Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 Remittance Address (if different from Legal Address)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, on Page 5. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, on Page 5.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to Give the Requester* for guidelines on whose number to enter.

Social security number
or
Employer identification number

DUNS Number Please confirm with the state agency if this is required for vendors receiving federal funds.	Unique Entity Identifier (SAM) As of April 4, 2022, all vendors that receive federal grant funds must submit their Unique Entity Identifier registered in the System of Awards Management (SAM).
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Part II 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You check the following box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, on Page 5.

5. I am an active Commonwealth of Massachusetts state employee: (check one) ☐ Yes ☐ No

If yes, I certify compliance with the Massachusetts State Ethics Commission requirements at <https://www.mass.gov/ethics>.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, on Page 3.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, on Page 3, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**COMMONWEALTH OF MASSACHUSETTS****OFFICE OF THE COMPTROLLER****Electronic Funds Transfer (EFT) Authorization Agreement**

Complete this form to enroll, modify, or terminate an existing in electronic funds transfer (EFT) agreement with the Commonwealth of Massachusetts Departments.

PART I: REASON FOR SUBMISSION – See Instructions on Page 2New Enrollment ☐Change Enrollment ☐Cancel Enrollment ☐Document Included: Voided Check ☐Bank Letter ☐**PART II: ACCOUNT HOLDER INFORMATION- See Instructions on Page 2**

Account Holder Legal Name:

DBA Name:

Street Address:

City:

State:

Zip Code:

Account Holder Tax Identification Number (9 digits EIN or SSN)

EIN:

SSN:

PART III: FINANCIAL INSTITUTION INFORMATION- See Instructions on Page 2

Financial Institution Name:

Routing Number (only nine digits):

Account Number:

Account Type (Checking or Saving):

IF YOU ARE MODIFYING BANKING INFORMATION, YOU MUST INCLUDE YOUR OLD BANK INFORMATION OR YOUR REQUEST WILL BE RETURNED

Old Financial Institution Name:

Old Routing Number (only 9 digits):

Old Account Number:

Old Account Type(Checking or Saving):

PART IV: VENDOR/CUSTOMER CONTACT INFORMATION: This is the person we will contact for any questions regarding this EFT – See Instructions on Page 2

Contact Person's Name:

Contact Person's Title:

Contact Person's Phone:

Contact Person's Email Address:

PART V: AUTHORIZATION- See Instructions on Page 2

By signing below, I hereby certify that the account(s) indicated on this form is under my direct control and access; therefore, I authorize the State Treasurer as fiscal agent for the Commonwealth of Massachusetts to initiate, change, or cancel credit entries to the account(s) as indicated on this form. For ACH debits consistent with the International ACH Transaction (IAT) rules check one:

☐ I affirm that payments authorized by this agreement are not to an account that is subject to being transferred to a foreign bank account.

☐ I affirm that payments authorized by this agreement are to an account that is subject to being transferred to a foreign bank account.

This authority is to remain in full force and effect until the Office of Comptroller (CTR) has received written notification from either me or an authorized officer of the organization of the account's termination in such time and in such a manner as to afford CTR a reasonable opportunity to act upon it.

Account Holder must sign and mail this EFT form and include a confirmation of account information on bank letterhead or a void check and mail to the Commonwealth Department you are doing business with.

Account Holder Authorized Signature:

Print Name:

Date:

Title

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT – See Instructions on Page 2

I hereby certify the Vendor/Customer is an authorized signatory and verified by internal records and verbal confirmation initiated by our department.

VCC/VCM Document ID: _____

Three letter Department Code: _____

Signature: _____

Title: _____

Date: _____

Print Name: _____

Phone # _____

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

All EFT requests are subject to a 5 (five) day pre-certification period in which all accounts are verified by the qualifying financial institution before any direct deposits are made.

PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment, a change to your EFT enrollment account information, or cancellation of your EFT enrollment.

PART II: ACCOUNT HOLDER INFORMATION

- Account Holder Name: Enter the accounts holder legal name (individual or business name), as reported to the Internal Revenue Service (IRS).
- DBA Name: Enter the DBA name if applicable.
- Street Address: Enter the account holder's street address.
- Enter the account holder's city, state, and zip code.
- Account Holder Tax Identification Number: Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number (EIN). If enrolling as an individual provide your Social Security Number.

PART III: FINANCIAL INSTITUTION INFORMATION

- Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
 - **NOTE:** The account name to which EFT payments will be paid is to the name submitted on Part II of this form.
- Routing Number: Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Account Number: Enter the account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the account type (Checking or Saving).
- If account holder is changing the banking information, you must provide OLD banking information.
- Old Financial Institution Name: Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Old Routing Number: Enter the Old bank or financial institutional nine-digit routing number, including applicable leading zeros.
- Old Account Number: Enter the Old account holder's account number with the financial institution, including applicable leading zeros.
- Account Type: Enter the Old account type (Checking or Saving).
 - **NOTE:** Supporting bank documents must be in the account holder legal name only.
- If you do not submit this information, your EFT authorization agreement will be returned without further processing.

PART IV: CONTACT INFORMATION

- Enter the name and title of a contact person who can answer questions about the information submitted on this EFT form.
- Enter the contact person's telephone number. Enter the contact person's e-mail address.

PART V: AUTHORIZATION

- By your signature on this form, you are certifying that the account is drawn in the Name of an Individual, or the Legal Business Name of the person or entity who has sole control of the account to which EFT deposits are made.
- The EFT authorization form must be signed and dated by the same account holder name in Part II and include a title and telephone number.
- Mail this form with the original signature in black or blue ink (no facsimile signatures can be accepted) to the Commonwealth Department that you doing business with.

PART VI: VERIFICATION FROM THE COMMONWEALTH DEPARTMENT

By your signature on this form, you are certifying that authentication of the vendor/customer's authorized signatory was conducted by review of the Contractor Signatory Authorization Form (CASL) or by another internal verification process, and additional verification was conducted to confirm banking or address change request. Departments should have multiple known vendor contacts to confirm any registration change.

Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections
1000 Washington Street, Suite 710- Boston MA 02118

***Effects of Pyrrhotite on
Home Concrete Foundations***

BACKGROUND

Pyrrhotite is an iron sulfide mineral that has been found in at least one quarry in northeastern Connecticut. Over the years, materials extracted from this quarry have been used in concrete mixtures and the concrete has been used in varied construction projects in\around Connecticut and central Massachusetts regions. Pyrrhotite that is exposed to oxygen and water may react and cause severe swelling and cracking. As the concrete continues to deteriorate, concrete foundations may become structurally unsound.

The cracking is not normal settling or shrinkage and it may take 15 - 20 years for the pyrrhotite damage to appear. Cracks are typically horizontal, on a 45° angle, or appear in a spider pattern. A white powdery substance may be noticeable in\around the cracks, brown stains or drips that resemble rust may also be evident. (See **Image 1** below.)



Image 1

Many Connecticut residents have experienced the effects of pyrrhotite damage to foundations. Some Massachusetts residents are seeing or suspecting damage due to pyrrhotite as well. Concrete mix originating from a batching plant located in Stafford Connecticut used in structures circa 1983 through 2015 are of greatest concern. Concrete trucks generally only travel about 50 miles beyond the plant location before the concrete begins to harden.

Damage caused by pyrrhotite is irreversible. The most effective repair is to replace the existing foundation with a new one that does not contain pyrrhotite. The cost to replace a foundation can vary greatly based on multiple factors, but estimates range between \$150,000 and \$250,000 per home.

What can be done?

