

VOUCHER APPLICATION - Phase 1

To be eligible for a voucher, do not disassemble your old device or install a new device before receiving a voucher from the District. Only refundable deposits are allowed prior to voucher approval and the amount must be clearly noted on the final invoice as 'refundable'. All fields below are required unless otherwise indicated.

APPLICANT INFORMATION

First and Last Name

Mailing Address

City

State

Zip Code

Physical Address (If different from above)

City

State

Zip Code

Device Address (If different from above)

City

State

Zip Code

County of Device Address (check one)

- San Joaquin
 Stanislaus
 Merced
 Madera
 Fresno
 Kings
 Tulare
 Kern (Valley portion)

Primary Phone (required)

E-mail Address (optional)

Check here if you prefer to have your voucher emailed

Applicant Status (check one)

- I am the homeowner purchasing for my residence at "Device Address" above.
 I am the property owner purchasing for "Device Address" above.
 I am a tenant purchasing for "Device Address" above. (Additional docs req.)

Application Type (check one)

- Standard Application: Up to \$1000*
 Low-Income Application: Up to \$2500* (Additional docs required)
 * Receive up to an additional \$500 for installation costs on a gas device.

Have you ever applied to other Valley Air District grant programs? If so, please list:

DEVICE INFORMATION

ESTIMATED ANNUAL WOOD OR PELLET USAGE OF OLD DEVICE (check one)

Approximate Wood Usage in **cords**:

- 1/4
 1/2
 1
 2
 3
 4
 5
 If more than 5, identify here: _____

Approximate Pellet Usage in **pounds (lbs)**:

- 500
 1000
 1500
 2000
 3000
 4000
 5000
 If more than 5000, identify here: _____

Does the house have access to piped natural gas or propane? Yes No

OLD DEVICE TYPE (check one) **NOTE: Older gas burning devices and electric heating devices are ineligible for this program**

Wood	Pellet	Other
<input type="checkbox"/> Certified insert	<input type="checkbox"/> Certified insert	<input type="checkbox"/> Open-hearth fireplace
<input type="checkbox"/> Non-certified insert	<input type="checkbox"/> Non-certified insert	<input type="checkbox"/> Wood-burning firebox
<input type="checkbox"/> Freestanding certified stove	<input type="checkbox"/> Freestanding certified stove	
<input type="checkbox"/> Freestanding non-certified stove	<input type="checkbox"/> Freestanding non-certified stove	

NEW DEVICE TYPE (check one) **NOTE: New electric heating devices are ineligible for this program**

Wood*	Pellet*	Gas
<input type="checkbox"/> Certified insert	<input type="checkbox"/> Certified insert	<input type="checkbox"/> Insert
<input type="checkbox"/> Freestanding certified stove	<input type="checkbox"/> Freestanding certified stove	<input type="checkbox"/> Freestanding stove
		<input type="checkbox"/> Fireplace (Make and Model Required)

*New certified wood or pellet devices must be identified on the most current list of EPA Certified Wood Heaters at the time of purchase to be eligible for funding.

Make: _____
Model: _____

RETAILER INFO

Applicants may visit any retailer participating in the Burn Cleaner program and are not required to choose a retailer at the time of application. If you are working with a retailer, please provide their information below. The District may contact the retailer you listed below regarding your application.

Retailer Name

Sales Representative

PHOTOS

Two pre-installation photos are required with this application.

Photo 1 - Show the inside of the unmodified unit, with any doors/screens open.

Photo 2 - Taken from a few feet back to show the old unit with all original parts intact and surrounding structures.

See *Voucher Guidelines* for more information.

Photo Samples (DO NOT FAX)



Photo 1



Photo 2

AGREE & CERTIFY

By signing this application, I certify that I have read, understand and will adhere to the Burn Cleaner Program Voucher Guidelines and agree to all the following:

- I understand that self-installation is not allowed and the installation of the new device must be conducted by the contracted retailer; a third-party contractor under the approval and supervision of the retailer; or by a certified technician that is pre-approved by the District.
- I understand that submission of this voucher application **does not guarantee** incentive funding for the new device.
- I understand that it is my responsibility to verify that the new device is eligible under the program guidelines. New wood or pellet devices must be on the current list of EPA Certified Wood Heaters and new gas fireplaces must meet ANSI z21.88/CSA2.33.
- I will be removing an operable old device or modifying an open hearth fireplace at the device address specified on this voucher application.
- If applicable, I agree to surrender my old device to a licensed recycling/dismantling facility or to the participating retailer to dispose of at a licensed recycling/dismantling facility within **90 days** of installation of the new device. If I undertake the responsibility of disposing my old device, I agree to submit a dated receipt and certification from the dismantler/recycler that my old device will be permanently destroyed.
- I understand that if I install the new device in another location other than what is identified in the pre-installation photos at the device address, I must first contact District staff to receive approval and I must still render the old device permanently inoperable.
- I am not changing out a non-certified device in preparation for the sale or transfer of the house as a result of any District, state or federal rules. Such transaction would deem this application ineligible for funding per District Rule 4901 (www.valleyair.org/Rule4901).
- I understand that the selection of a Burn Cleaner retailer is completely my choice and the District does not endorse, or is not in partnership with any Burn Cleaner program retailers or installers and any such issues arising from the purchase or installation of the new device is between the applicant and the retailer or installer. The District will not be held liable for any circumstances or events that occur between the applicant and retailer or installer. Participating retailers are independent contractors; they are not officers, representatives, agents, servants, employees, partners, associates, etc. of the District.
- **I have not made any non-refundable payments towards the purchase of the new device or disassembled my old device, and will not install the new device until I have received an approved voucher from the District.**

Printed Name of Applicant

Applicant Signature (**electronic signatures not accepted**)

Date

CHECKLIST - Phase 1

You are almost done!

Please submit the following with this application for consideration:

- Two Pre-installation photos (*choose one*)
 - Attached to App. Emailed Sent by Retailer
- If applicable, Low-Income Documents
- If applicable, Standard Tenant Documents

When complete, please submit your application packet via mail, email or fax to the Valley Air District:

Mail San Joaquin Valley Air Pollution Control District
Attention: Burn Cleaner Staff
1990 East Gettysburg Ave., Fresno, Ca 93726-0244

E-mail grants@valleyair.org
(**Subject line must identify your name and device address**)

Fax (559) 230-6112 (**Faxed photos are not accepted**)

Questions? (559) 230-5800

Register Your New Device!

After you have installed your new wood or pellet device, take advantage of more burn days by registering it at www.valleyair.org/CBYRegistration. (*Does not apply to gas only devices*)

LOW INCOME ELIGIBILITY FORM

Please submit this form with the Voucher Application.

First and Last Name

Phone Number

Device Address

City

State

Zip Code

I am applying for low-income as the: Homeowner Primary Tenant (See page 2 for additional documents required)

HOUSEHOLD INFO

Low Income eligibility will be determined based upon household income.

# of People in Household	Max ANNUAL Gross Income	or	Max Monthly Gross Income
1	\$27,315	or	\$2,276
2	\$37,035	or	\$3,086
3	\$46,755	or	\$3,896
4	\$56,475	or	\$4,706
5	\$66,195	or	\$5,516
6	\$75,915	or	\$6,326
7	\$85,635	or	\$7,136
8	\$95,355	or	\$7,946
8+ add the following amount for each person	\$9,720	or	\$810

* The Income Eligibility Table is updated during February of each year.

Please fill in the following information:

- Household includes all family members or other persons, including yourself, who reside together and share common living expenses.
- The total Gross Income for all household members shall be determined by all sources of income, including but not limited to wages, unemployment, social security, veterans benefits, etc.

Number of people in your household (include yourself): _____

Total Household Gross Income: _____ Monthly Annual

DISTRICT USE ONLY Verified Total Household Gross Income: _____ Monthly Annual
 Eligible Not Eligible

INCOME VERIFICATION

Documents Required for Income Verification of all Household Members

Provide a completed copy of the Tax Return Transcripts or federal income tax Form 1040 (pages 1 & 2) from the most recent tax year for all members of the household who filed taxes. You can obtain a Free Tax Return Transcript at www.irs.gov/individuals/get-transcript. If any dependent is over the age of 17, please provide documentation per item #2 below verifying income or a statement regarding income status.

If you did not file a tax return this past year, please provide the following:

- 1) a written explanation as to why below, AND

- 2) the following applicable documents available for **all household members** who receive income:

Copy of all bank statements, check stubs, and/or documents from all applicable issuing agencies for the last 60 days that identify the amount received from each agency.

The District may request additional documents to verify eligibility.

Proof of residency is required for any household member that is not identified on the supporting documents.

If you receive any of the following benefits, you may also provide supporting documentation dated in the last 60 days from any one of these issuing agencies verifying that you receive benefits (*check one*):

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Security Income (SSI, not SSA); or | <input type="checkbox"/> General Assistance (GA) or General Relief (GR); or |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF); or | <input type="checkbox"/> Publicly subsidized full medical coverage (Medi-Cal); or |
| <input type="checkbox"/> State Supplemental Payments (SSP); or | <input type="checkbox"/> Housing Choice Voucher Program (must provide a copy of the housing assistance payments (HAP) contract). |
| <input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKS); or | <input type="checkbox"/> CAL Fresh |

LOW INCOME ELIGIBILITY FORM *(Continued)*

CERTIFY

I acknowledge that the information provided on this form will be used to assess and verify my low-income eligibility for the Burn Cleaner program. My signature gives consent for this information to be shared with other government agencies. I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the information on this application is true and correct. I understand that submitting false information may result in criminal conviction or in a civil penalty of not less than \$150 and not more than \$1000, and that I will not be eligible to receive future assistance.

Printed Name

Signature *(electronic signatures not accepted)*

Date

NOTE: Tenants providing this information at the request of the property owner have the option to submit their Income Eligibility Packet directly to the District.

Mail: San Joaquin Valley Air Pollution Control District
Attention: Burn Cleaner Program Staff
1990 East Gettysburg Ave., Fresno, CA 93726-0244

E-Mail: grants@valleyair.org

Fax: (559) 230-6112

Phone: (559) 230-5800

REQUIRED DOCUMENTS

Low -Income applicants must submit the following applicable documents below with the Voucher Application.

CATEGORY	REQUIRED DOCUMENTS
Low-income Homeowner applying for new device	<input type="checkbox"/> Low-Income Eligibility form and required verification documents.
Property Owner with Low-Income Tenant applying for new device on their behalf	<input type="checkbox"/> Rental Property Owner/Tenant Approval Form. <input type="checkbox"/> Low-Income Eligibility form and required verification documents (to be completed by tenant). <input type="checkbox"/> Current proof of residence for tenant at the device address (i.e. most recent utility bill). <input type="checkbox"/> Copy of the complete signed lease agreement between the property owner and occupied tenant with a minimum of six (6) months remaining from the date of the application submittal. If you cannot provide this documentation, please contact Program staff.
-or-	
Low-Income Tenant applying for new device	<input type="checkbox"/> If the lease agreement is part of the Housing Choice Vouchers Program (formerly Section 8), provide a copy of the housing assistance payments (HAP) contract or other documents, as approved by the District.