

VOUCHER APPLICATION - Phase 1

All fields below are required unless otherwise indicated. Submitting an incomplete application will delay the processing of your application.

APPLICANT INFORMATION

First and Last Name

Mailing Address

City

State

Zip Code

Device Address (If different from above)

City

State

Zip Code

County of Device (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/property owner purchasing for "Device Address" above.

☐ I am a tenant purchasing for "Device Address" above. **(Rental Property Owner & Tenant Approval form Required)**

Applicant Type (check one)

☐ Standard Application

☐ Low-Income Application **(Low-Income Eligibility Form Required)**

OLD DEVICE INFO

Old Device Type (check one) *Note: Older gas burning devices and electric heating devices are ineligible for this program*

Wood

Pellet

Other

☐ Certified insert

☐ Non-certified insert

☐ Freestanding certified stove

☐ Freestanding non-certified stove

☐ Certified insert

☐ Non-certified insert

☐ Freestanding certified stove

☐ Freestanding non-certified stove

☐ Open-hearth fireplace

☐ Wood-burning firebox

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

Your house has access to piped natural gas if your gas services are provided by a utility company, and does not rely solely on gas that is purchased and stored in a propane tank.

PROJECT OPTIONS

CHECK ONE OPTION ONLY

☐ **OPTION 1: Fireplace Replacement, I want to replace or modify my old device with the purchase and installation of a new device**

New Device Type (check only one based on whether the house has access to piped natural gas)

Options for Houses WITH Piped Natural Gas

Gas

☐ Insert

☐ Freestanding stove

☐ Fireplace
(Make and Model Required)

Make: _____

Model: _____

Electric

Heat Pump (Select Type)

☐ Ducted-Packaged Unit

☐ Ducted-Split System

☐ Ductless

Options for Houses WITHOUT Piped Natural Gas

Wood

☐ Certified insert

☐ Freestanding certified stove

Gas

☐ Insert

☐ Freestanding stove

☐ Fireplace
(Make and Model Required)

Make: _____

Model: _____

Pellet

☐ Certified insert

☐ Freestanding certified stove

Electric

Heat Pump (Select Type)

☐ Ducted-Packaged Unit

☐ Ducted-Split System

☐ Ductless

☐ **OPTION 2: Fireplace Decommissioning, I want to permanently render my existing old wood-burning device inoperable without purchasing a new device** (Must Submit a Fireplace Decommissioning Form as part of this application)



RETAILER

Applicants may visit any retailer participating in the Fireplace & Woodstove Change-out 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. All photos must be in color, no black and white photos

Photo 1 - Must show the inside of the unmodified device/hearth, with all doors/screens open.

Photo 2 - Must be taken from floor to ceiling to show the old device/hearth with all original parts intact, and surrounding structures or details (such as a window, doorway, hallway, etc.) that will clearly distinguish the location of the old device/hearth in the room.

Photo Samples (DO NOT FAX)



Photo 1



Photo 2

If you intend to purchase an electric heat pump, or participate in the fireplace decommissioning option, additional photos will be required. See Voucher Guidelines for more information.

AGREE & CERTIFY

By signing this application, I certify that I have read, understand, and will comply with all requirements identified in the Fireplace & Woodstove Change-Out Program Voucher Guidelines. My signature on this application certifies that all information provided in this application, including any supplemental documents required to determine my eligibility under the program, are true and correct. In addition, my signature certifies that I understand and agree to all the following:

- I understand that the selection of a Fireplace & Woodstove Change-out retailer is completely my choice and the District does not endorse, or is not in partnership with any Fireplace & Woodstove Change-out 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. This includes any issues that may occur with your new device after the completion of your project. 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 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 a 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. At the time of claim, where I will be seeking reimbursement for the completion of my project, I will be required to provide additional documentation, such as additional photos, to confirm that the location of the old device can no longer accommodate a wood-burning device.*
- I understand that this is a reimbursement program and I will not be reimbursed until the new device is paid in full, completely installed, and a complete Claim for Payment packet is submitted to the District. For low-income applicants who are eligible for the Instant Reduction option, please see page 6 of the Voucher Guidelines for payment processing.*
- 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

Date



CHECKLIST - Phase 1

Please make sure you submit the following:

- ☐ Two Pre-installation photos (*choose one*)
 - ☐ Attached to App. ☐ Emailed ☐ Sent by Retailer
- ☐ If applicable, Low-Income Documents
- ☐ If applicable, Standard Tenant Documents
- ☐ If applicable, required photos for electric heat pump project (*see Voucher Guidelines*)
- ☐ If applicable, Fireplace Decommissioning Form

Submit your complete application packet via mail, email or fax at:

Mail San Joaquin Valley Air Pollution Control District
Attention: Fireplace & Woodstove Change-out 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