San Joaquin Valley AIR POLLUTION CONTROL DISTRICT

Fireplace & Woodstove CHANGE-OUT
www.valleyair.org/change-out

CALIFORNIA CLIMATE INVESTMENTS

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	☐ Certified insert	☐ Open-hearth fireplace
☐ Non-certified insert	☐ Non-certified insert	☐ Wood-burning firebox
☐ Freestanding certified stove	☐ Freestanding certified stove	
☐ Freestanding non-certified stove	☐ Freestanding non-certified stove	

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

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CALIFORNIA CLIMATE INVESTMENTS

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

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CALIFORNIA CLIMATE INVESTMENTS

LOW INCOME ELIGIBILITY FORM

Please complete this form, and submit it with required income documentation along with the Voucher Application.

Please redact all sensitive information, such as social security numbers and bank account numbers, from copies of your documents prior to submittal. **THE DISTRICT DOES NOT RECOMMEND SHARING YOUR PERSONAL DOCUMENTS WITH THIRD PARTIES, INCLUDING THE RETAILER AND THEIR AFFILIATES**. Documents provided to third parties for submission to the District are not secure. Please submit your documents directly to the District.

Applicant First and Last Name

Device Address

HOUSEHOLD INFO

Low income eligibility will be determined based upon household size and the total household income.

# of People in Household	Max ANNUAL Gross Income		Max Monthly Gross Income
1	$35,910	or	$2,993
2	$48,690	or	$4,058
3	$61,470	or	$5,123
4	$74,250	or	$6,188
5	$87,030	or	$7,253
6	$99,810	or	$8,318
7	$112,590	or	$9,383
8	$125,370	or	$10,448
8+ *add the following amount for each person*	$12,780	or	$1,065

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

Please fill in the following information:

Number of People in Household: _____

Household includes applicant, and as applicable, your spouse and/or all other persons who can be claimed as a dependent for tax purposes.

Total Household Gross Income: _____ ☐ Monthly ☐ Annually

This is the adjusted gross income as listed on your most recent IRS 1040 tax form. If more than one person in the household filed taxes, provide the sum of the adjusted gross incomes. If you did not file taxes, provide the total of all sources of income from all persons in the household who receive income.

INCOME VERIFICATION

Documents Required for Income Verification of all Household Members

Provide a completed copy of federal income tax Form 1040 (pages 1 & 2) or Tax Return Transcript 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 verifying their income or a statement regarding their income status.

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

1) A brief explanation as to why you did not file taxes this past year:

_____

2) Copies of documentation from all issuing agencies that verifies the household income you identified. This documentation must cover the last 60 days for **all household members** who receive income. Documentation must identify the individual and amount of income received. Examples of acceptable documentation include, but are not limited to, the following:

- ☐ Check stubs; or
- ☐ W-2(s) for past year; or
- ☐ Social Security award letter for retirement, disability Supplemental Income (SSI), or Medicare benefits; or
- ☐ State Supplemental Payments (SSP); or
- ☐ Temporary Assistance for Needy Families (TANF); or
- ☐ General Assistance (GA) or General Relief (GR); or
- ☐ Publicly subsidized full medical coverage (Medi-Cal); or
- ☐ Housing Choice Voucher Program (must provide a copy of the housing assistance payments (HAP) contract).
- ☐ CAL Fresh; or
- ☐ California Work Opportunity and Responsibility to Kids (CalWORKS)

CERTIFY

I acknowledge that the information provided on this form will be used to assess and verify my low-income eligibility for the Fireplace & Woodstove Change-out 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.

Signature _____ Date _____