

## 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

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/property owner purchasing for "Device Address" above.

I am a tenant purchasing for "Device Address" above. **(Additional docs req.)**

**Applicant Type** *(check one)*

Standard Application

Low-Income Application **(Additional docs req.)**

OLD DEVICE INFO

**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: \_\_\_\_\_

**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	

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

NEW DEVICE INFO

**NEW DEVICE TYPE** *(check only one under HOT SPOT or STANDARD New Device Options)*

**HOT SPOT New Device Options**

*New devices that are installed in residential properties that have access to piped-in natural gas in Madera, Fresno or Kern County.*

**Gas**

Insert  
 Freestanding stove  
 Fireplace **(Make and Model Required)**

Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

**Electric**

Heat Pump

**STANDARD New Device Options**

*New devices that are installed in non-hot spot counties or residential properties anywhere in the Valley that do not have access to piped-in 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

**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** - 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.

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 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 service a wood-burning device.
- 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 understand that this is a reimbursement program and I will not be reimbursed until the new unit 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 2 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 (**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](mailto: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/CBYBregistration](http://www.valleyair.org/CBYBregistration). (*Does not apply to gas only or electric devices*)

## LOW INCOME ELIGIBILITY FORM

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

Applicant First and Last Name

Device Address

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**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	or	Max Monthly Gross Income
1	\$28,103	or	\$2,342
2	\$38,048	or	\$3,171
3	\$47,993	or	\$3,999
4	\$57,938	or	\$4,828
5	\$67,883	or	\$5,657
6	\$77,828	or	\$6,486
7	\$87,773	or	\$7,314
8	\$97,718	or	\$7,143
8+ add the following amount for each person	\$9,945	or	\$829

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.

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

**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. **Please redact all sensitive information, such as social security numbers, when submitting the copy.** You can obtain a Free Tax Return Transcript at [www.irs.gov/individuals/get-transcript](http://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:

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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:

- |                                                                                                                                      |                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Check stubs; or                                                                                             | <input type="checkbox"/> General Assistance (GA) or General Relief (GR); or                                                      |
| <input type="checkbox"/> W-2(s) for past year; or                                                                                    | <input type="checkbox"/> Publicly subsidized full medical coverage (Medi-Cal); or                                                |
| <input type="checkbox"/> Social Security award letter for retirement, disability Supplemental Income (SSI), or Medicare benefits; or | <input type="checkbox"/> Housing Choice Voucher Program (must provide a copy of the housing assistance payments (HAP) contract). |
| <input type="checkbox"/> State Supplemental Payments (SSP); or                                                                       | <input type="checkbox"/> CAL Fresh; or                                                                                           |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF); or                                                          | <input type="checkbox"/> 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 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.

Signature (*electronic signatures not accepted*)

Date

## RENTAL PROPERTY OWNER & TENANT APPROVAL

Rental property owners and tenants are eligible to apply for the Valley Air District's Burn Cleaner Program. This form must be completed by both the rental property owner and primary tenant, and submitted with the required documents to be considered for a voucher. Please be sure to check the appropriate boxes on the Voucher Application regarding the Applicant Status and Applicant Type.

This form is only required to be completed and submitted if:

- **You are the primary tenant** who will be purchasing an eligible new device regardless of the type of application you will be submitting, Standard or Low-Income.
- **You are the rental property owner** who will be purchasing an eligible new device under the Low-Income application. If you are a rental property owner and will be submitting a Standard application, you are not required to complete and submit this form.

**REQUIRED**

**In addition to this form, please submit the following:**

- Lease Agreement** Copy of the complete signed lease agreement between the property owner and occupying 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.
- Proof of Residence** Most recent utility bill (electricity, cable/satellite, water/garbage, etc.)

**CERTIFY**

By signing this form, the rental property owner and the tenant agree to replace the existing, higher-polluting residential burning device located at the device address identified on the application with an eligible new cleaner burning device according to the Program guidelines, and agree to the following:

1. *Tenant agrees to provide supporting documentation, as needed by the District, to determine low-income eligibility. If the rental property owner is applying under the Low-income application, the tenant has the option to submit supporting documentation such as income verification directly to the District in lieu of providing it to the rental property owner.*
2. *The rental property owner shall keep the new device obtained through the Burn Cleaner Program in the rental property in which it is installed, unless it is otherwise required to be removed for, but not limited to, safety or regulatory reasons as deemed appropriate by the District. The device shall become the property of the rental property owner, not the tenant or the District.*
3. *The rental property owner shall not raise the rent or evict the tenant because of the increased value of the rental property due solely to the installation of the new hearth device funded by the District.*
4. *The rental property owner and the tenant agree that payment of the incentive funding provided through the Program shall be made to the party that purchased the new hearth device.*

**RENTAL PROPERTY OWNER**

Mailing Address	City	State	Zip Code

Name (print)	Signature ( <b>electronic signatures not accepted</b> )	Date
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**TENANT**

Mailing Address	City	State	Zip Code

Name (print)	Signature ( <b>electronic signatures not accepted</b> )	Date
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**Please submit this form with the completed Burn Cleaner Program Voucher Application and all other applicable documents.** For more information, call 559-230-5800 or visit [www.valleyair.org/burncleaner](http://www.valleyair.org/burncleaner).