



WOODSMOKE REDUCTION PROGRAM



VOUCHER APPLICATION

All sections of this application must be completed. A copy should be retained by the Applicant for his or her records. The voucher program is not responsible for materials lost by mail. Please review the program terms prior to signing below and submit your completed application with attachments by email, mail, or hand delivery to:

Yolo-Solano Air Quality Management District
1947 Galileo Court, Suite 103
Davis, CA 95618
woodstove@ysaqmd.org

APPLICANT INFORMATION

Full Name:

Physical Address (Device Location):

City:

State:

Zip:

Phone:

Email:

Mailing Address (if different):

City:

State:

Zip:

Applicant Status:

- Homeowner purchasing for primary residence
- Homeowner purchasing for home used as long-term rental property
- Tenant purchasing with Owner/Tenant Agreement (see form page 5)

Applicant Type

- Standard Application
- Low-Income Application (additional documents required)
 - Proof of participation in federal or state income assistance program (WIC, CARE, LIHEAP)
- Household qualifies as low income based on county specific low-income levels (see low-income section in this application for more information)

EXISTING WOOD BURNING DEVICE

Make/Model:

Year Manufactured/Age:

Does your stove list a U.S. EPA Stove Certification Label in the back? If yes, please list:

Does your stove have visible labeling listing its particulate matter emission level? You may need to look inside the unit. If yes, please list:

Does the existing device provide the primary source of heat?

In an average heating season, how much wood do you typically burn?

| | | |
|---------------------------|------------------------------------------------|------------------------------------|
| Average annual days used: | Cords of wood per season (4 ft x 4 ft x 8 ft): | Number of bundles burned per week: |
|---------------------------|------------------------------------------------|------------------------------------|

Please check one the following to identify your project category:

- | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Uncertified wood stove or insert to Certified wood burning insert/stove or pellet insert/stove | <input type="checkbox"/> Fireplace to a Certified wood burning insert/stove or pellet insert/stove |
| <input type="checkbox"/> Uncertified wood stove or insert to natural gas or propane insert | <input type="checkbox"/> Fireplace to a natural gas or propane insert |
| <input type="checkbox"/> Uncertified wood stove or insert to an electric insert/stove | <input type="checkbox"/> Fireplace to an electric insert/stove |

Please include the following photographs of the existing device BEFORE installation of new device:

1. Existing fireplace or woodstove in operation
2. Existing fireplace or woodstove in original location including clearly identifiable background, and pipe, ventilation system and chimney as applicable
3. Fireplace or woodstove with any screens or doors open
4. Any accessible manufacturer tags

NEW DEVICE INFORMATION

Device Make: _____ Device Model: _____

Type of device: Natural Gas Home Heating Device Propane Home Heating
 EPA Certified Step 2 Wood Stove, Wood Insert or Pellet Stove 2.0 grams/hr Electric Device

New Device Efficiency in Percentage (%): _____

Name of Participating Dealer: _____

Contact Person: _____

Please provide an itemized quote for the purchase and installation of your selected stove or insert. Any upgrades or optional items must be identified as such on your invoice.

ADDITIONAL INFORMATION

1. How did you hear about the Wood Smoke Reduction Program? _____

2. Why are you applying? (Please check all that apply.)

- | | |
|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Not satisfied with current device | <input type="checkbox"/> To reduce pollution |
| <input type="checkbox"/> To save money | <input type="checkbox"/> Other: _____ |

3. Was the rebate a significant factor in replacing your stove? Yes No

APPLICANT CERTIFICATION

By submitting this application, I certify the following:

- a. I understand that only currently installed and operating qualified wood/pellet heating devices are eligible to be replaced under this program.
- b. I will be replacing an operable qualified heating device that is currently in use in my residence. The old device will be removed from service and rendered permanently and irreversibly inoperable.
- c. I understand I will be required to provide proof of my monthly income or other qualifying documentation (if applying as a low-income household).
- d. I understand that I will be disqualified from this program if I provide the District with false information or if the old, qualified heating device is removed from the residence prior to application approval or if a new device is purchased prior to application approval.
- e. I understand voucher may only be redeemed at a participating dealer for an eligible heating device.
- f. No retroactive rebates are available.
- g. I understand that devices purchased with funds from this program must be professionally installed by participating dealers/installers. Self-installation of the device is prohibited. Any additional construction or handyman services not done by the installer will not be covered under this program.
- h. I understand that the new device belongs to the property owner. I agree not to give away or sell the new device and acknowledge that it is a fixture and is to remain with the home if the home is transferred or sold for the duration of its useful life or until replaced with a cleaner burning device.
- i. I understand the District does not warranty any devices purchased under this program, including, but not limited to, the quality, functionality or satisfaction of the device.
- j. I agree to hold harmless the District and its directors, employees and agents from any and all loss, damage, or liability that arises out of or is in any way connected with installation or use of the device purchased in connection with this program.
- k. I will follow proper burning practices as discussed by the Retailer/Installer and in accordance with EPA Burn Wise educational materials. I will operate this device according to the manufacturer's instructions and I will not burn pressure treated wood, garbage/trash, plastic or any other prohibited materials.
- l. I understand that proper wood storage, wood burning practices (e.g., burning only dry, natural wood that has been seasoned at least 6 months) and proper stove installation and operation (e.g., maintaining a hot fire) are critical to the effectiveness of my new device.
- m. I understand that an annual cleaning and inspection by a professional chimney sweep is critical to maintaining a wood/pellet device.

Printed Name: _____

Signature: _____

Date: _____

LOW INCOME ELIGIBILITY VERIFICATION

Low-income households are eligible for additional incentive funds, applicants must demonstrate low-income eligibility to qualify.

Documents Required for Income Verification of all Household Members. Please note that these documents will not be returned.

Proof of participating in an existing federal or state low-income assistance program may establish eligibility for this incentive program. Please check the box or boxes below for programs that you participate in and include current documentation of your participation with your application. The name of this applicant for this incentive program must match the name on the assistance program document:

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program
- Low-Income Energy Assistance Program (LIHEAP)
- California Alternate Rates for Energy (CARE) Program with a participating California utility company
- Other program (please list): _____

If you do not participate in any of the above listed low-income assistance programs, you may also qualify if adjusted gross income of your household for the most recent year did not exceed the low-income limits, as defined by the California Department of Housing and Community Development. Please see the table below to determine if you qualify.

If you believe you qualify, provide a completed copy of the summary of your Tax Return Transcripts or federal income tax form 1040 (Pages 1-2) for the most recent tax year for all members of the household who filed taxes. You can obtain a free Tax Return Transcript at <https://www.irs.gov/individuals/get-transcript>.

Please provide the following information:

| | | |
|-----------------------------------------------------|-----------------------------------|---------------------------------------|
| Number of people in household (including yourself): | | |
| Total household income: | | |
| District Use Only | <input type="checkbox"/> Eligible | <input type="checkbox"/> Not Eligible |

| Number in Household | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------|------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Solano County | Low-Income | \$54,350 | \$62,100 | \$69,850 | \$77,600 | \$83,850 | \$90,050 | \$96,250 | \$102,450 |
| Yolo County | Low-Income | \$51,800 | \$59,200 | \$66,600 | \$74,000 | \$79,950 | \$85,850 | \$91,800 | \$97,700 |

*[State and Federal Income Limits 2021, December 2021 Revised State Income Limits](#)

I declare, under penalty of perjury that the information on this application is true and correct.

Printed Name: _____

Signature: _____

Date: _____

OWNER/TENANT AGREEMENT

PARTIES

This Owner/Tenant Agreement (Agreement) is for services between:

Current Tenant: _____

And the Owner (or Owner's Agent): _____

Concerning the real property located at address: _____

City: _____ State: _____ Zip: _____

GRANT AWARD

The subject matter of this Agreement is the Wood Smoke Reduction Program. This rebate voucher is available to Owner/Tenants for the replacement of a non-EPA certified wood burning device that is currently in operation with an EPA certified wood stove, woodstove insert, gas heating device, or electric heating device.

Whereas owner and tenant recognize the need for replacing a non-EPA certified wood burning device with an EPA certified device to provide more efficient heating and less emissions into the home and the community.

Whereas owner and tenant desire to cooperate in participating in the Wood Smoke Reduction Program using funds from the U.S. EPA's Targeted Airshed Grant Program.

Now, therefore, owner and tenant agree as follows:

1. To allow District-approved participating retailers and their licensed installers into the property noted above for inspection, estimate, installation and permitting. This includes allowing photos to be taken of the old, non-EPA certified device before removal and photos of the new EPA certified device after installation.
2. The owner shall not raise the rent of the unit for a period of two years or evict the unit's resident because of increased value of the unit due solely to the newly installed Device.
3. Either owner or tenant may complete an application for the Wood Smoke Reduction Program. Both parties must review the application and agree to the items on page 3 "Applicant Certification". Submission of an application does not guarantee funding.
4. The tenant shall not take possession of the Device upon vacating the real property noted above. The new EPA Level II Certified device must stay with the property and belongs to the owner.
5. The tenant agrees to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance from the participating retailer or licensed installer.

I hereby certify that I understand the conditions and requirements for participation in the District's Wood Smoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this agreement. I understand that if any documents are incomplete or falsified, I will be disqualified from the program.

The undersigned represent that they have the authority of their respective parties to execute this Agreement.

Signature of Tenant: _____ Date: _____

Printed Name/Title: _____

Signature of Owner: _____ Date: _____

Printed Name/Title: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____