

Woodsmoke Reduction Program VOUCHER APPLICATION PACKET



Woodsmoke Reduction Program Voucher Application Packet

IMPORTANT CHECKLIST

You must provide the following in order for your application to be accepted:

- ☐ Complete all entries on the application form
- ☐ Attach Photographs of your old wood-burning device including any manufacturing labels. (The stove must be installed in the home and operational)
- ☐ Attach your Tax Returns
- ☐ Sign & Return a complete application to the Air Quality Office: 2617 S. Main Street, Lakeport

If you have any questions please contact LCAQMD at 707-263-7000

An additional form is required for rental properties:

- ☐ Owner / Tenant Agreement

WOODSMOKE REDUCTION PROGRAM VOUCHER APPLICATION FORM



HOW THE VOUCHER PROGRAM WORKS

1. The Lake County Air Quality Management District (District) is offering vouchers to replace non-EPA certified wood stoves, fireplace inserts, or open-hearth fireplaces **used as a primary source of heat** with new, cleaner burning devices. The new device may be an EPA certified woodstove or insert, a natural gas or propane heating device, or an electric heating device.

Applications for rebate vouchers will be accepted until project dollars are depleted. **Please include a photo of the currently installed older stove, fireplace insert, or fireplace. Attach a picture of any labels on the device, attach your income statement or any other approved income documents.**

2. The Standard Voucher is valued between **\$1500 to \$2,500**. Please be aware that the Standard Voucher amount **will not** cover the entire cost of the new EPA certified device, installation, required permits and any code upgrades that may be required.
3. The Enhanced Voucher is valued at **\$5,000**. Applicants are eligible for an Enhanced Voucher if they can demonstrate low income status (WIC, CARE, LIHEAP or through household income. The applicant can bring supporting documents for District review when submitting the application.
4. The program is available to both homeowners and tenants. In the case of rental properties, formal approval from the property owner will be required as part of the Application.
5. The applicant may redeem the voucher from participating retailers only. The voucher must be redeemed within four (4) weeks from the date of issuance. The voucher expiration date may be extended at the discretion of the District. Standard Vouchers will be applied as an instant rebate off the total price of the stove. The applicant will schedule an in-home estimate with a participating retailer. The retailer will verify the stove's eligibility and present an estimate to the Applicant. **No retroactive rebates are allowed.**
6. New devices must be professionally installed by a licensed installer in accordance with local fire and building codes. A building permit must be obtained prior to installation of the new device if required by the city or county building department. No do-it-yourself installations are allowed under this program. Installations must occur within ninety (90) days of voucher redemption. The installation expiration date may be extended at the discretion of the District.
7. Older stoves that were replaced through the program must be permanently removed from service and surrendered to the participating retailer, who will render them inoperable and coordinate their disposal and recycling. The participating retailer will take a photo of the older stove prior to removing it and upon its destruction, and will also take a photo of the replacement stove after it is installed.
8. Participating retailers and/or their licensed installers will provide training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance.
9. This voucher program was supported by the California Climate Investments (CCI) Program. This voucher program is subject to state requirements and agreements with the California Air Resources Board (CARB) and the California Air Pollution Control Officer's Association (CAPCOA).

HOW TO APPLY

All sections of the Voucher Application Form (pages 3 and 4) 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. Submit your completed application with attachments by email, mail, or hand delivery to the District.

VOUCHER APPLICATION FORM

Applicant Information:

Name _____

Stove Physical Home Address _____

Mailing Address (if different) _____

Phone Number: (____) _____ Email (if available): _____

Back up Phone Number: (____) _____

(In cases where applicant cannot be reached, vouchers will not be issued without accurate contact information)

Existing Wood Burning Device:

Make/Model: _____ Year Manufactured/Age/Installation: _____

☐ I have included required photographs of my old device to be replaced

☐ I have included my most recent Tax Returns or proof of income documentation.

My old device is a (check one):

☐ Non-certified freestanding woodstove

☐ Non-certified woodstove insert

☐ Open hearth fireplace**

**** Open hearth fireplaces require additional documentation.
Please contact the District.**

New device to be installed (check one):

☐ EPA certified woodstove/insert

☐ Natural gas ☐ Propane ☐ Electric

Incentive Level:

☐ Standard Incentive: up to \$2,500

☐ Enhanced Incentive: \$5,000 (indicate qualification below – backup documentation required)

☐ Proof of participation in a federal or state income assistance program (WIC, CARE, LIHEAP)

☐ Household is low income

Additional Information:

1. How did you hear about the Program? _____

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

☐ Not satisfied with current device

☐ To reduce pollution

☐ To save money ☐ Other: _____

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

4. How long have you been living at the Physical home address? _____

5. Is the stove physical home address your primary residence? ☐ Yes ☐ No

6. In a typical heating season, how many cords of wood do you typically burn? _____

7. Is your current device used as a primary source of heat (>50% winter use)? ☐ Yes ☐ No

VOUCHER APPLICATION FORM (continued)

APPLICANT CERTIFICATION:

I certify the following:

- a. I understand that only a currently installed and operating non-EPA certified wood burning devices used as a primary source of heat is eligible to be replaced under this program.
- b. I understand that participants are limited to receiving one rebate voucher per address.
- c. I understand that applications are processed in the order they are received. Rebates will be distributed on a first-come, first-served basis (low income applicants as a first priority). Funding is limited; rebates are not guaranteed. The voucher will only be valid for four (4) weeks from the date of its issuance. No retroactive rebates are available. Voucher expiration date may be extended at the discretion of the District.
- d. I understand that the physical home address must be my current permanent address at the time of the application, installation of the new stove through this program, and a season of the stove operation after the installation.
- e. I understand that applications may only be accepted for devices located in Lake County, California.
- f. I understand that if I qualify, I will receive a voucher and a current list of participating retailers who will honor the voucher if it is submitted by the expiration date written on the voucher.
- g. The participating retailer who installs the new device is responsible for properly dismantling and disposing of the old device.
- h. If I choose to replace a device with funds from this program, I will make a commitment to purchase a device from a participating retailer within the four (4) week period and authorize the retailer to forward to the District a notification of the purchase agreement, with verification that my existing wood burning device is not EPA-certified.
- i. I understand that devices purchased with funds from this program will be professionally installed by a licensed installer and that there may be additional costs for installation including a permit from my community for installation. Installations must comply with all local fire and building codes. The installation must be coordinated and certified by the participating retailer and must be completed within ninety (90) days of redeeming the voucher. Installation expiration date may be extended at the discretion of the District.
- j. I understand that I am responsible to pay the retailer for the purchase price of my new device, less the voucher amount.
- k. I understand that I will forfeit my voucher if I provide the District with false information or fail to obtain any required permit or if the required information is not submitted to the District prior to the expiration date listed on the voucher.
- l. The District does not warranty any devices purchased under this voucher program, including, but not limited to, the quality or functionality of the device.
- m. I understand that proper wood burning practices (e.g., burning only dry, seasoned wood) and proper stove installation and operation (e.g., maintaining a hot fire) are critical to the effectiveness of my new device. I further agree to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance from the participating retailer or installer.
- n. I understand that the District, CAPCOA, and the State of California may inspect all work and associated records with 30-day advanced notice.
- o. Applications will be treated in accordance with Public Records Act requirements. Certain information, subject to those requirements, may be publicly disclosed.

Applicant/Owner Name (Print): _____

Applicant/Owner Signature: _____

Date: _____

WOODSMOKE REDUCTION PROGRAM 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 Code*

Grant Award: The subject matter of this Agreement is the Woodsmoke 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 and used as a primary source of heat 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 devices 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 Woodsmoke Reduction Program using funds from the California Climate Investments.

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 Woodsmoke 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 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 Woodsmoke 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 Tenant: _____ Date: _____

Printed Name/Title

Signature Owner: _____ Date: _____

Printed Name/Title

Owner's Mailing Address:

Address

City

State

Zip Code