



WOODBURNING CHANGE-OUT PROGRAM

CHANGE-OUT APPLICATION

Paso Robles and Nipomo

You must complete the application and receive an APCD voucher before you order or purchase a device or begin any work on your change-out project.

IMPORTANT – PLEASE READ

- **Proof of a Finalized Permit from your local jurisdiction is required upon completion of your project (after you receive an APCD voucher). You do not have to secure a payment for your permit prior to getting a voucher from the APCD.**
- **You may not have started work of any kind on your project and have not ordered your chosen device from a retailer or installer prior to receiving an approved voucher from the APCD. If the APCD determines that work was done, a deposit was made or device ordered prior to receiving a voucher, you may be disqualified from the program.**

APPLICATION CHECKLIST – All of the following items must be submitted with your application.

Completed Application:

- Complete and submit the items from this checklist and ALL application pages; sign and date. Applications can be emailed, mailed or hand-delivered to the APCD.

Price Quote for New Wood Burning Device or Gas Device:

- Itemized quote for a new wood, natural gas, propane fired or electric stove or insert, listing parts, tax and shipping costs.
- Itemized quote for installation, parts and labor to complete the project. The installation quote can be combined with the appliance quote if the dealer will be doing the installation.
- Quotes must identify the dealer and/or installation contractor, and provide contact information.
- Quote must identify the stove or insert by make and model. New natural gas or propane appliances must be certified as heater-rated using the American National Standard ANSI Z21.88/CSA 2.33 (Vented Gas Fireplace Heaters). New wood burning devices must be U.S. EPA Certified “Step 1” or “Step 2” NSPS if installed prior to May 15, 2020. If installed on or after May 15, 2020, wood burning devices must be U.S. EPA Certified “Step 2” NSPS (see Program Guidelines for further information if this applies to you). Wood stove or wood insert emission rates shall not exceed 2.0 grams/hour. All electric stoves/inserts must identify BTU and voltage.
- Provide the manufacturer’s specification sheet for the new device, demonstrating one of the above certifications. The dealer should be able to provide this information.

Photo Guidelines - Old Wood Burning Device – BEFORE:

- Photos must be taken before any installation of new device begins (e.g. new electrical outlets, gas lines, etc.).
- Photos must clearly show the existing wood fireplace or woodstove in its original location and with the background clearly shown. For freestanding stoves, a photo must show pipe and ventilation system intact.
- Include at least one close-up with any screen doors open.
- Photos of any applicable chimney taken from ground level; include one that shows the entire chimney & one showing the chimney top.
- If the new device will be installed in a different location from the old wood device, also include before photos of the location where the device will be installed.
- Provide legible photos of any accessible manufacturer tags. If none are accessible, please indicate with an “NA” in this box.

Photos can be emailed to Meghan Field (woodsmoke@slocleanair.org) as long as the combined file size of the photos being submitted is less than 8MBs. Include your name and address with email of photos.

Home Heating Replacement Eligibility

- Self-certify that your wood stove or fireplace is currently operational, and you have used it as one of your primary sources of heat.
- If your existing device is a wood burning stove certify that it was installed prior to 1988 and/or does NOT comply with 1988, 1990 or 2015 particulate matter emission standards; call APCD for guidance. If you have a fireplace, mark this “N/A.”

Determining Low-Income Eligibility

- If you will be applying for an increased incentive based on low-income status, proof of low-income eligibility is required. Please complete the “Low-Income Verification” page of this Application.

Homeowner Status

If you are not the legal owner of the property, written permission of the property owner is required to participate in the Woodsmoke Reduction Program. Please fill out and return a signed copy of the permission letter template attached to this application.

I am the property owner

I am not the property owner. My relationship with the owner is:

APPLICANT INFORMATION

Full Name:		
Mailing address Street:		
City:	State:	ZIP code:
Phone:	E-mail:	
Device physical address (if different from above) Street:		
City:	State:	ZIP code:
Applicant Status (check one): <input type="checkbox"/> I am the homeowner purchasing for my primary residence at "Device Address" above. <input type="checkbox"/> I am the property owner purchasing for a home used as a long-term rental property at the "Device Address" above. <input type="checkbox"/> I am a tenant purchasing for the "Device Address" above (please provide written permission from homeowner to participate in the Woodsmoke Reduction Program)		
Application Type: <input type="checkbox"/> Standard Application <input type="checkbox"/> Low-Income Application (additional docs required, see Low-Income Verification, also check appropriate box below) <input type="checkbox"/> Proof of participating in a federal or state income assistance program (WIC, CARE, LIHEAP) <input type="checkbox"/> Household qualifies as low income based on the SLO County specific low-income levels (see low-income section in this application)		
Have you ever received funding for other SLO County APCD grant programs? If so, please list:		

BUILDING PERMIT REQUIREMENT ACKNOWLEDGEMENT

To receive funding for your project, all documentation listed on the voucher you receive must be submitted. By signing below, you understand that a finalized building permit is REQUIRED from the jurisdiction in which the project resides. Failure to obtain a permit will cause you to be ineligible for funding.	
I certify that I understand a building permit is required for my project and to receive funding.	
Signature:	Date:

OLD DEVICE INFORMATION

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

Please check from the following list to identify which category your project fits:

- Fireplace to a Certified wood burning insert/stove or pellet insert/stove
- Fireplace to natural gas or propane insert
- Fireplace to an electric insert/stove
- Uncertified wood stove or insert to Certified wood burning insert/stove or pellet insert/stove
- Uncertified wood stove or insert to natural gas or propane insert
- Uncertified wood stove or insert to an electric insert/stove

In an average heating season, how much wood do you typically burn? (Note: Completion of this section is **MANDATORY**):

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

_____ OR _____

NEW DEVICE INFORMATION - PLEASE COMPLETE - ONLY PROVIDING THE INVOICE FROM THE DEALER DOES NOT SUFFICE

Device Make:		Device Model:	
Indicate which category your new device falls within. If you are unsure, work with your dealer or look at this list of USEPA Certified Wood Heaters https://www.epa.gov/sites/production/files/2017-08/usepa-certified-wood-heater-list.xlsx :			
<input type="checkbox"/> Natural gas home heating device, ANSI Z21.88/CSA2.33 <input type="checkbox"/> Propane home heating device, ANSI Z21.88/CSA2.33 <input type="checkbox"/> U.S. EPA certified Step 1 (before May 15, 2020 only) or Step 2 wood stove, wood insert, or pellet stove 2.0 grams/hour <input type="checkbox"/> Electric stove or insert			
New Device Efficiency In Percentage (%):			
Name of Dealer:			
Address of Dealer:			
Dealer City:		State:	ZIP Code:
Dealer Phone:		Contact Person:	
Name of Licensed Installation Contractor (if different from Dealer):			
State License Number for the Licensed Installation Contractor:			
Address of Installer:			
Installer City:		State:	ZIP Code:
Installer Phone:		Contact Person:	
Please provide itemized quotes for the purchase and installation of your selected stove or insert. Two quotes are required if you are not installing a base model device, or including "optional" items in your project.			

APPLICANT'S STATEMENT – PLEASE READ AND CONFIRM ELIGIBILITY

By signing this application, I certify that I have read, understand and will adhere to the SLO County APCD Woodsmoke Reduction Program Guidelines, and agree to all the following:

- I will complete my project within 90 days of receiving the project voucher.
- I will be either removing an operable, old device or modifying a wood burning fireplace at the project address specified on this application.
- The wood burning device is located in a residential property that I currently own or have written permission from the homeowner to replace.
- The wood burning device is in a property used as my primary residence or as a long-term rental.
- I have not started work of any kind on the project I am applying for.
- I will not order my chosen device from a retailer or installer prior to receiving an approved voucher from the APCD.
- I will not make any payments to my chosen device retailer or installer and I will not begin any work on my change-out project until I have received an approved voucher from the APCD.
- Submission of this incentive application does not guarantee receipt of a voucher for my change-out project; this grant program has limited funds and will terminate upon depletion of program funding.
- To be considered for funding, this application must be complete with the prescribed photographs and all requested information.
- I authorize APCD staff, officers or agents to conduct all necessary on-site inspections of the old device being replaced and of the new installed device in order to verify compliance with program requirements.
- I understand that this program and the city in which I reside (or County for projects outside city limits) requires a building permit to complete the installation of the new stove or insert and to receive the reimbursement.
- I certify that I am using my current wood burning device as a primary source of heat in my home.
- I agree to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance.
- **I understand that should additional research show that any of the above items have not been met, I may be disqualified from the program and deemed ineligible to receive any funding.**
- Check one box below.
 - I have included the required pre-installation photos with this application (faxed photos not accepted).*
 - I will email the required pre-installation photos to woodsmoke@slocleanair.org.*
- I indemnify, defend and hold harmless the APCD and their officers, employees, agents and contractors, from and against any claims, liabilities, costs, damages or losses of any kind that arise from or are alleged to arise from my participation this wood burning device change-out program.

Printed name:

Signature:

Date:

Return completed application to:

San Luis Obispo County Air Pollution Control District
Attn: Woodsmoke Reduction Program - SLO
3433 Roberto Court
San Luis Obispo, CA 93401
805.781.5912

If you have any questions, please contact:
Meghan Field at 805-781-1003.

Applications may also be submitted via email to
woodsmoke@slocleanair.org.



LOW-INCOME VERIFICATION FORM

Please submit this form with the Application if you think your household may qualify for the Woodsmoke Reduction Program's low-income provision.

Full Name:	
Phone:	E-mail:

Low-income households are eligible to replace their heating device for little or no cost. To qualify for this extra incentive, applicants must demonstrate low-income eligibility.

Documents Required for Income Verification of all Household Members

Proof of participation 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 the 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 2018 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 tax year 2018 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>.

# of People in Household	Max ANNUAL Income
1	\$46,600
2	\$53,250
3	\$59,900
4	\$66,550
5	\$71,900
6	\$77,200
7	\$82,550
8	\$87,850

Please provide the following information:

1. Household includes all family members or other persons, including yourself, who reside together.
2. The total adjusted gross income for all household members includes all sources of income, including but not limited to wages, unemployment, social security, veteran's benefits, etc.

1. Number of people in your household (include yourself):	
2. Total household Income:	
DISTRICT USE ONLY	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible



LOW-INCOME VERIFICATION FORM (continued)

I acknowledge that the information provided on this form will be used to assess and verify my low-income eligibility for the Woodsmoke Reduction Program. 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, and that I will not be eligible to receive future assistance.

Printed Name: 	Signature: 	Date:
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Homeowner / Landlord Consent

I, _____ (Landlord), who is the legal owner of the real property located at _____ (address), hereby grants consent to _____ (Tenant), to apply for and participate in the Woodsmoke Reduction Program (Program) with the SLO County Air Pollution Control District (APCD).

- Landlord has read and is familiar with the APCD Woodsmoke Reduction Program Guidelines.
- Landlord hereby grants permission to Tenant to represent Landlord's interest as it applies to the application and participation in the Program at the above identified property.
- Landlord agrees to not raise the rent of the rental unit for a period of two years or evict the unit's residents because of increased value of the unit due solely to the newly installed home heating device.
- Landlord understands that Tenant will contract with a Participating Dealer (a licensed contractor) to remove the existing wood stove or fireplace from the property and replace it with a cleaner-burning wood stove, wood burning insert or natural gas insert, per the Program guidelines.
- The installation will be permitted through and inspected by the local competent building authority and Landlord grants permission to Tenant to obtain said permit and inspection.
- Landlord understands that Tenant will receive an incentive payment from APCD to pay, in full or in part, for the device.
- The device is and remains part of the real property owned by Landlord and no right of ownership of the device is granted to Tenant.

By signing this authorization, Landlord and Tenant indemnify, defend and hold harmless the APCD and their officers, employees, agents and contractors, from and against any claims, liabilities, costs, damages or losses of any kind that arise from or are alleged to arise from participation this Program.

Landlord Signature

Date

Tenant Signature

Date