



WOODSMOKE REDUCTION PROGRAM CHANGE-OUT APPLICATION

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. All of the items on the following checklist must be submitted with your application.

APPLICATION CHECKLIST

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 SLO County APCD.

Price Quote for New Wood Burning Device or Gas Device:

- Itemized quote for a BASE MODEL new wood, natural gas, or propane fired stove or insert, listing parts, tax and shipping costs.
- Itemized quote for any UPGRADES above the BASE estimate (UPGRADE costs beyond the BASE MODEL costs are not eligible).
- 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 SLO County APCD Approved dealer and/or installation contractor, and provide contact information. Please see the SLO County APCD's approved dealer list.
- 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 Phase II wood stove or wood insert with emission rates not to exceed 4.5 grams/hour and 2.5 grams/hour for non-catalytic and catalytic stoves, respectively.
- 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 residence at "Device Address" above. <input type="checkbox"/> I am the property owner purchasing for 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:		
Please list the jurisdiction from which you will obtain the permit for your project. For homes inside city limits, secure your permit from the appropriate city building department and for homes outside city limits, secure your permit from SLO County Planning and Building Department.		

PRIMARY SOURCE OF HEAT CERTIFICATION

To be eligible for this program, you must certify that your uncertified wood stove, insert, or fireplace is currently operational and that within the last year, you have used it as a primary source of heat.	
I certify that my wood stove, insert or fireplace is operational and is used as a primary source of heat. <i>*Please Note that your project may be audited in the future to determine accuracy in primary source of heat determination.</i>	
Signature:	Date:

OLD DEVICE INFORMATION

If you have a WOOD stove or insert, check one below: <input type="checkbox"/> Certified Insert <input type="checkbox"/> Non-certified insert <input type="checkbox"/> Freestanding certified stove <input type="checkbox"/> Freestanding non-certified stove	If you have another type of device, check one below: <input type="checkbox"/> Zero-clearance fireplace <input type="checkbox"/> Open-hearth fireplace
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 Certified non-catalytic wood stove or wood insert
- Fireplace to Certified catalytic wood stove or wood insert
- Fireplace to propane insert
- Fireplace to natural gas insert
- Uncertified wood stove or insert to Certified non-catalytic wood stove or wood insert
- Uncertified wood stove or insert to Certified catalytic wood stove or wood insert
- Uncertified wood stove or insert to propane insert
- Uncertified wood stove or insert to natural gas insert

Wood Usage (in dry cords) of Old Device (Note: Completion of this section is **MANDATORY**):

Cords of wood or pounds of pellets per year: Pieces of wood or pounds of pellets per day: Average annual days used:

NEW DEVICE INFORMATION

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>:

- Natural gas home heating device, ANSI Z21.88/CSA2.33
- Propane home heating device, ANSI Z21.88/CSA2.33
- U.S. EPA certified, catalytic, wood stove or wood insert, 2.5 grams/hour
- U.S. EPA certified, non-catalytic, wood stove or wood insert, 4.5 grams/hour

New Device Efficiency In Percentage (%):

Name of APCD Approved Dealer:

Address of APCD Approved Dealer:

APCD Approved Dealer City:

State:

ZIP Code:

APCD Approved 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.

APPLICANT'S STATEMENT

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 of the following:

- I will be either removing an operable, old device or modifying a wood burning at the project address specified on this application.
- The wood burning device is located in a residential or commercial property that I currently own, or have written permission from the homeowner to replace.
- I have not started work of any kind on the project I am applying for.
- 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 the URL) 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 certify that I will agree to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance.
- 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 2017 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 2017 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	\$43,200
2	\$49,400
3	\$55,550
4	\$61,700
5	\$66,650
6	\$71,600
7	\$76,550
8	\$81,450

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 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