





## **VOUCHER APPLICATION - Phase 1**

All fields below are required unless otherwise indicated. Submitting an incomplete application will delay the processing of your application.

	First and Last Name							
<b>APPLICANT INFORMATION</b>	Mailing Address	City	State	Zip Code				
	Device Address (If different from above)	City	State	Zip Code				
	County of Device (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							
	purchasing for "Device Address" Address" abov	burchasing for "Device S e. (Rental Property Own-	Property Own- Low-Income Application (Low-Income					
	Old Device Type (check one) Note: Older gas burning devices and electric heating devices are ineligible for this program							
DEVICE INFO	WoodPelletOtherCertified insertCertified insertOpen-hearth fireplaceNon-certified insertNon-certified insertWood-burning fireboxFreestanding certified stoveFreestanding certified stoveWood-burning fireboxFreestanding non-certified stoveFreestanding non-certified stoveWood-burning firebox							
OLD	<b>Does the house have access to piped natural gas?</b> Yes No Your house has access to piped natural gas if your gas services are provided by a utility company, and does not rely solely on gas that is purchased and stored in a propane tank.							
	CHECK ONE OPTION ONLY  OPTION 1: Fireplace Replacement, I want to replace or modify my old device with the purchase and installation of a new device New Device Type (check only one based on whether the house has access to piped natural gas) Options for Houses WITH Piped Natural Gas Options for Houses WITHOUT Piped Natural Gas							
PROJECT OPTIONS	GasElectricInsertHeat Pump (Select Type)Freestanding stoveDucted-Packaged UnitFireplaceDucted-Split System(Make and Model Required)DuctlessMake:Ductless	Wood Certified insert Freestanding certified state Gas Insert Freestanding stove Fireplace (Make and Model Required) Make: Model:	Pellet Certified ove Freestanc Electric Heat Pump (	insert ling certified stove				
	<b>OPTION 2: Fireplace Decommissioning, I want to permane</b> <b>purchasing a new device</b> (Must Submit a Fireplace Decommiss			erable without				





Cap and Trade Dollars at Work

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

## 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 that will clearly distinguish the location of the fireplace in the room.

If you intend to purchase an electric heat pump, or participate in the fireplace decommissioning option, additional photos <u>will be</u> required. See Voucher Guidelines for more information.

Photo Samples (DO NOT FAX)



Photo 1



Photo 2

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 the installation of a new device must be conducted by the contracted Retailer, where new device was purchased, or a third-party contractor affiliated with that Retailer and under their direct supervision. Self-installation, installation by non-licensed contractor or a third-party contractor not affiliated with that Retailer is not eligible under this program.
- 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 accommodate 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	2	Date
CHECKLIST - Phase 1	<ul> <li>Please make sure you submit the following:</li> <li>Two Pre-installation photos (choose one)</li> <li>Attached to App. Emailed Sent by Retailer</li> <li>If applicable, Low-Income Documents</li> <li>If applicable, Standard Tenant Documents</li> <li>If applicable, required photos for electric heat pump project (see Voucher Guidelines)</li> <li>If applicable, Fireplace Decommissioning Form</li> </ul>	Mail E-mail	mplete application packet via mail, San Joaquin Valley Air Pollution Co Attention: Burn Cleaner Staff 1990 East Gettysburg Ave., Fresno grants@valleyair.org (Subject line must identify your name and (559) 230-6112 (Faxed photos are not (559) 230-5800	ontrol District , Ca 93726-0244 I device address)

PHOTOS



REQUIRED

AGREE & CERTIFY





## **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.

## 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.)

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.

	City	State	Zip Code
Signature		Date	
	City	State	Zip Code
Signature		Date	
		Signature City	Signature Date

*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 <u>valleyair.org/burncleaner</u>.

**RENTAL PROPERTY OWNER**