





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					
APPLICANT INFORMATION	Mailing Address		City	City		Zip Code
	Device Address (If different from above)		City	City		Zip Code
	County of Device Address (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					ucher emailed
	Applicant Status (check one) I am the homeowner/property owner purchasing for "Device Address" above. Address" above. (Additional docs req.) Applicant Type (check one) Standard Application Low-Income Application (Additional docs req.)					
OLD DEVICE INFO	ESTIMATED ANNUAL WOOD OR PELLET USAGE OF OLD DEVICE (check one) Approximate Wood Usage in cords: 1/4 1/2 1 2 3 4 5 If more than 5, identify here:					
	Approximate Pellet Usage in pounds (lbs): 500					
	OLD DEVICE TYPE (check one) NOTE: Older gas burning devices and electric heating devices are ineligible for this program					
			llet		Other	
	☐ Certified insert ☐ Certified insert ☐ Non-certified insert ☐ Non-certified insert		☐ Open-hearth ☐ Wood-burnir			
0	Freestanding certified stove Freestanding non-certified stove	Freestanding certing Freestanding non-				
	Does the house have access to piped natural gas? 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.					
NEW DEVICE INFO	NEW DEVICE TYPE (check only one based on whether the house has access to piped natural gas)					
	New Device Options for Houses WITH Piped Natural Gas			New Device Options for Houses WITHOUT Piped Natural C		
	Gas Electric ☐ Insert Heat Pump (Select Type)		Wood ☐ Certfied insert		Pellet Certified insert	
	Freestanding stove Duc		Freestanding co	ertified stove	Freestan	ding certified stove
	(Make and Model Required)	ctless	Gas Insert		ectric	(Select Type)
	Make: Model:		Freestanding s		Ducted	(Select Type)
			Fireplace (Make and Model	Required)	Ductless	5
			Make: Model:			





RETAILER

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.

If you intend to purchase an electric heat pump, additional photos will be 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 self-installation is not allowed and the installation of the new device must be conducted by the contracted retailer; a third-party contractor under the approval and supervision of the retailer; or by a certified technician that is pre-approved by the District.
- 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 quidelines. 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 garee 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 service 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 (electronic signatures not accepted)

Date

CHECKLIST - Phase 1

You are almost done!

Please make sure you submit the following:

Two Pre-installation photos (choose one)

☐ Attached to App. ☐ Emailed ☐ Sent by Retailer

If applicable, Low-Income Documents

If applicable, Standard Tenant Documents

If applicable, required photos for electric heat pump project (see Voucher Guidelines)

When complete, please submit your application packet via mail, email or fax to the Valley Air District:

Mail San Joaquin Valley Air Pollution Control District

Attention: Burn Cleaner Staff

1990 East Gettysburg Ave., Fresno, Ca 93726-0244

E-mail grants@vallevair.org

(Subject line must identify your name and device address)

Fax (559) 230-6112 (Faxed photos are not accepted)

Ouestions? (559) 230-5800

Register Your New Device!

Take advantage of more burn days by registering your new wood or pellet device at <u>valleyair.org/CBYBregistration</u>.