



Low Income Wood Stove and Fireplace Change out Incentive Program

Important: If you choose to buy an EPA certified wood stove/wood insert or a pellet stove/pellet insert, the District has adopted a new regulation Rule 421- MANDATORY EPISODIC CURTAILMENT OF WOOD AND OTHER SOLID FUEL BURNING. This rule prohibits the use of an EPA certified wood stove/wood insert or a pellet stove/pellet insert on days of the year when the Air Pollution Control Officer declares a Stage 2 Mandatory Curtailment.

Voucher Application Form

Name:	Phone Number:
Mailing Address:	
Physical Address of where the wood stove is located ¹ (See footnote below):	
E-Mail Address (if available):	

Type of appliance being removed/modified (check):

- Existing Uncertified Wood Insert/Stove
Make and Model Number: _____ (if known)
- Existing Certified Wood Insert/Stove Type: Catalytic Non-Catalytic
Make and Model Number: _____ (if known)
- Existing Pellet Insert/Stove
Make and Model Number: _____ (if known)
- Existing Open Hearth Fireplace
 Check here if only removing an existing wood stove or pellet stove and no new device is being proposed

Type of appliance proposed to be installed (Check One):

Free Standing Stove (Only when an existing stove is being replaced)	Fireplace Insert	Other
<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Pellet <input type="checkbox"/> Wood For Wood Stove Only – Type: <input type="checkbox"/> Catalytic <input type="checkbox"/> Non-Catalytic	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Pellet <input type="checkbox"/> Wood For Wood Insert Only – Type: <input type="checkbox"/> Catalytic <input type="checkbox"/> Non-Catalytic	<input type="checkbox"/> Gas Log <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Electric Fireplace
Current Wood Usage²		Cords/year
		Logs/year
		Logs/day
Is the wood appliance used as the primary source of heat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Household Income/Size³	\$ _____	Household Size: _____

¹ Must provide the District with a proof of residence such as a copy of a utility bill (e.g., SMUD, PG&E, or telephone statement). A copy must be mailed or faxed to the District. A Voucher will not be issued until the proof of residency is received by the District.

² Optional information, but this information will help the District estimate particulate matter emission reductions from this incentive program.

How did you hear about this program? (Please Check)

_____ District Website _____ Radio _____ TV _____ Retailer

_____ CRP _____ Sacramento Bee _____ Galt Herald

_____ Air Alert Email _____ Penny Saver _____ Ranch Cordova Grapevine Independent

For Office Use Only			
Voucher #		Date Issued	/ /
Value	\$	Expiration Date	/ /
Area ⁴	<input type="checkbox"/> EJ	<input type="checkbox"/> Non EJ	

I certify the following:

1. I will be removing an operable wood stove or fireplace insert or modifying an open hearth fireplace in my residence or business. The wood stove or wood insert will be disposed of at an approved recycling facility or at an approved business that will ensure the wood stove/insert will be properly disposed. If purchasing an electric fireplace insert, it must be mounted permanently inside the existing fireplace in order to qualify for this incentive.
2. I am a full-time resident of Sacramento County.
3. I understand funding for the voucher system is first come, first served. The voucher will only be valid for **four** weeks from date of its issuance. Within that four week period I will make a commitment to purchase an appliance from an approved retailer and authorize the retailer to forward to the SMAQMD a notification of the purchase agreement with verification that the existing appliance is either EPA-certified or non-EPA certified stove/insert, pellet stove/insert or an open hearth fireplace.
4. I understand that I will forfeit my voucher if I provide the District with false information or if the required information is not submitted to the District prior to the expiration date listed on the voucher.
5. I will provide District staff access to my residence to inspect the device for compliance with program requirements, if requested. I understand that the District will provide not less than 2 calendar days notice prior to this inspection.

_____/_____/_____
Applicant Signature Date

Witness' Signature (if signed with an X)

**Return to the Sacramento Metropolitan AQMD.
777 12th Street, 3rd Floor
Sacramento, CA 95814**

Fax: 916-874-7896

(For more information call (916) 440-wood, woodstove@airquality.org.)

³ Must complete Household and Income Verification Form

⁴ Incentive amount is up to \$1,500 of the total price of the new appliance.