



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182  
(909) 396-2000 • www.aqmd.gov

## Wood Stove and Fireplace Change-Out Incentive Program Voucher Application Form

*Please fill out the application form to receive a change-out incentive voucher*

<b>Customer Name:</b>	<b>Phone Number:</b>
<b>Mailing Address:</b>	
<b>Physical Address where the device will be installed<sup>1</sup> (See footnote below):</b>	
<b>E-Mail Address (if available, to send Voucher):</b>	

### Low-Income qualified documentation (check the applicable box):

Under the program, households that meet low income qualifications are eligible for higher incentive amounts. This program is available to both residents that meet low income eligibility criteria and property owners whose renters meet the low income eligibility criteria. In order to qualify for the low income qualified incentive, please attach one of the following for either the resident or the renter that meets the low income eligibility criteria: (a) a copy of a gas, electric, phone or other utility bill from the last twelve (12) months that shows reduced gas or electric utility rates based on household income; or (b) proof that within the last twelve (12) months you have received one of the following: Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), State Supplemental Payments (SSP), California Work Opportunity and Responsibility to Kids (CalWORKs), General Assistance (GA) or General Relief (GR) or publicly subsidized medical coverage (Medi-Cal). If the renter's address is not established by the information submitted to establish low income eligibility, rental property owners/managers must provide proof that the renter lives at the location where the new device is being installed (i.e. lease agreement or other renter's bill).

### Low-Income Assistance Category:

<b>Natural gas, electric or phone bill:</b> <input type="checkbox"/> Other:	<b>Supplemental Security Income (SSI):</b> <input type="checkbox"/>
<b>Temporary Assistance for Needy Families (TANF):</b> <input type="checkbox"/>	<b>State Supplemental Payments (SSP):</b> <input type="checkbox"/>
<b>California Work Opportunity and Responsibility to Kids (CalWORKS):</b> <input type="checkbox"/>	<b>General Assistance (GA) or General Relief (GR):</b> <input type="checkbox"/>
<b>Publicly subsidized medical coverage (Medi-Cal):</b> <input type="checkbox"/>	

<sup>1</sup> Must provide the SCAQMD with a proof of residence such as a copy of a utility bill (e.g., electric or gas or telephone statement). A copy must be mailed or faxed to the SCAQMD with this application. A Voucher will not be issued until the proof of residency is received by the SCAQMD.



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### Type of device being removed/modified (check):

- Existing Non-Certified Wood Stove/Insert  
Make and Model Number \_\_\_\_\_ (if known)
- Existing Certified Wood Stove/Insert  
Make and Model Number \_\_\_\_\_ (if known)
- Existing Pellet Insert/Stove  
Make and Model Number \_\_\_\_\_ (if known)
- Existing Wood-Burning Fireplace  
Make and Model Number \_\_\_\_\_ (if known)
- Check here if only removing an existing Wood/Pellet Stove or Insert and no new device is being installed in its place
- Check here if the existing hearth device is currently fueled by either natural gas or propane<sup>2</sup>

### Type of device proposed to be installed (Check One):

Free Standing Stove	Fireplace Insert	Other <sup>2</sup>
<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Certified Pellet <input type="checkbox"/> Certified Wood	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Certified Pellet <input type="checkbox"/> Certified Wood	<input type="checkbox"/> Gas log <input type="checkbox"/> Gas fireplace <input type="checkbox"/> Electric fireplace <input type="checkbox"/> EPA qualified retrofit kit <input type="checkbox"/> Alcohol fueled device

### Household Information<sup>3</sup>:

<b>Current Wood Usage<sup>4</sup></b>		Cords/year
		Logs/year
<b>Daily Wood Usage</b>		Logs/day
<b>Is the wood device used as the primary source of heat?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<sup>2</sup> If natural gas or propane is currently provided to the existing hearth device, the replacement options are limited to the following devices (gas logs, gas or electric stove/insert, or permanently installed alcohol fueled devices unless the device is used as a primary heat source).

<sup>3</sup> Optional information for rental property owners.

<sup>4</sup> Optional information, but if using wood as a primary source of heat, please provide the information. This information will help the SCAQMD estimate particulate matter emission reductions from this incentive program.



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### I certify the following:

1. I will be removing an operable wood stove/insert or pellet stove/insert or modifying a wood-burning open hearth fireplace in my residence or business. If I remove a wood stove/insert or pellet stove/insert, it will be disposed of at a recycling facility or at a business that will ensure the device is properly disposed. If I purchase an electric fireplace insert, EPA qualified retrofit kit, or alcohol fueled fireplace insert, I also certify that it will be mounted permanently inside the existing fireplace.
2. I am a full-time resident of the circled zip code or my tenant is a full-time resident of the circled zip code: (or my business is located in one of these zip codes)

Boyle Heights area - 90022, 90023, 90033, and 90063

Chino/Ontario/Corona area - 91708, 91709, 91710, 91761, 91762, 91764

City of San Bernardino area – 92313, 92316, 92324, 92335, 92336, 92337, 92346, 92354, 92376, 92377, 92401 through 92415, 92418, 92423, 92424, 92427

City of Riverside area – 91752, 92501, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92518, 92521

Norco/Corona area - 92860, 92879, 92880, 92881, 92882

*All installation sites must be located below an elevation of 3,000 feet*

3. I understand funding for the voucher system is first come, first served. The voucher will only be valid for **four (4)** weeks from date of its issuance for the purchase of a new device. I understand that I will forfeit my voucher if the purchase is not made within the specified voucher period. I understand that I am responsible for any applicable sales taxes.
4. I certify that to the best of my knowledge, the information on this application is true and correct and acknowledge that the information provided on this application will be used to assess and verify my eligibility for the Wood Stove and Fireplace Change-Out Voucher Incentive Program.
5. I understand that I will forfeit my voucher, or be required to refund the voucher amount to the SCAQMD, if I provide the SCAQMD with false information.
6. I will provide SCAQMD staff access to my residence or property to inspect the device for compliance with program requirements, if requested. I understand that the SCAQMD will provide not less than 2 calendar days notice prior to this inspection. Alternatively, I may be contacted by phone for survey purposes.
7. I will not use any solid fuel hearth device when a no-burn day is in effect for my area.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Customer Signature Date

If the customer is the rental property owner/manager, please also provide the renter's signature below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Renter's Signature Date



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Return by mail, email or fax to:  
**Wood Stove & Fireplace Change-Out Incentive Program**  
**South Coast AQMD**  
**21865 Copley Drive**  
**Diamond Bar, CA 91765**  
**Email: [fireplacevoucher@aqmd.gov](mailto:fireplacevoucher@aqmd.gov)**  
**Fax: 909-396-3811**

(For more information call toll free (855) 396-3833, or send e-mail to [fireplacevoucher@aqmd.gov](mailto:fireplacevoucher@aqmd.gov))

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For SCAQMD Use Only			
<b>Voucher #</b>		<b>Date Issued</b>	/ /
		<b>Expiration Date</b>	/ /
<b>Area</b>	<input type="checkbox"/> Low Income Qualified	<input type="checkbox"/> <b>Non</b> -Low Income Qualified	
<b>CCP Zip Code?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	