

WOODSMOKE REDUCTION PROGRAM VOUCHER APPLICATION FORM



How the Voucher Program Works

1. The Air Quality Management Districts and Air Pollution Control Districts (District) of Butte, Colusa, Glenn, Nevada, Plumas, Shasta, Sierra, Sutter, Tehama, and Yuba counties are offering vouchers to replace non-EPA certified wood stoves, fireplace inserts, or open-hearth fireplaces **used as a primary source of heat** with new, cleaner burning devices. The new device may be an EPA certified woodstove or insert, a natural gas or propane heating device, or an electric heating device.

Applications for rebate vouchers will be accepted until project dollars are depleted. **Please include a photo of the currently installed older stove, fireplace insert, or fireplace.** The completed applications must be signed by the homeowner (and tenant if applicable) and submitted to the District of the county in which the device is located.

2. The Standard Voucher is valued at **\$1,000**. Please be aware that the Standard Voucher amount **will not** cover the entire cost of the new EPA certified device, installation, required permits and any code upgrades that may be required.
3. The Enhanced Voucher is valued at **\$3,500**. Applicants are eligible for an Enhanced Voucher if the project is in a [Low Income or Disadvantaged Community](#)¹, or if the Applicant participates in a Low Income program (WIC, CARE, LIHEAP), or if the household income is below \$51,026. The Applicant must bring supporting documents for District review when submitting the application.
4. The Program is available to both homeowners and tenants. In the case of rental properties, formal approval from the property owner will be required as part of the application.
5. The Applicant may redeem the voucher from Participating Retailers only. The voucher must be redeemed within **four (4) weeks** from the date of issuance. The voucher expiration date may be extended at the discretion of the District. Standard Vouchers will be applied as an instant rebate off the total price of the stove. The applicant will schedule an in-home estimate with a Participating Retailer. The Retailer will verify the stove's eligibility and present an estimate to the Applicant. No retroactive rebates are allowed.
6. New devices must be professionally installed by a licensed Installer in accordance with local fire and building codes. A building permit must be obtained **prior** to installation of the new device if required by the town, city, or county building department. No do-it-yourself installations are allowed under this program. Installations must occur within ninety (90) days of purchase. The installation expiration date may be extended at the discretion of the District.
7. Older stoves that were replaced through the Program must be permanently removed from service and surrendered to the Participating Retailer, who will render the older stove inoperable and coordinate disposal and recycling. The Participating Retailer will take a photo of the older stove prior to removing it and upon its destruction, and will also take a photo of the replacement stove after it is installed.
8. Participating Retailers and/or their licensed Installers will provide training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance.

¹ <https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/lowincomemapfull.htm>

- This voucher program is supported by the California Climate Investments (CCI) Program. This voucher program is subject to State requirements and agreements with the California Air Resources Board (CARB) and the California Air Pollution Control Officer's Association (CAPCOA).

HOW TO APPLY



All sections of the Voucher Application Form (pages 3 and 4) must be completed. A copy should be retained by the Applicant for their records. The voucher program is not responsible for materials lost by mail. Please review the program terms prior to signing below. Submit your completed application with attachments by email, mail, or hand delivery to the air district for the county in which the home with the device is located.

County	Air District	Mailing Address	City, ZIP	Email
Butte	Butte County AQMD	629 Entler Avenue #15	Chico, 95928	jmandly@bcaqmd.org
Colusa	Colusa County APCD	100 Sunrise Blvd. #F	Colusa, 95932	tgomez@countyofcolusa.com
Glenn	Glenn County APCD	720 N Colusa Street	Willows, 95988	iledbetter@countyofglenn.net
Nevada	Northern Sierra AQMD	200 Litton Drive #320	Grass Valley, 95945	julie@myairdistrict.com
Plumas	Northern Sierra AQMD	200 Litton Drive #320	Grass Valley, 95945	julie@myairdistrict.com
Shasta	Shasta County AQMD	1855 Placer Street Suite 101	Redding, 96001	airquality@co.shasta.ca.us
Sierra	Northern Sierra AQMD	200 Litton Drive #320	Grass Valley, 95945	julie@myairdistrict.com
Sutter	Feather River AQMD	541 Washington Avenue	Yuba City, 95991	sspaethe@fraqmd.org
Tehama	Tehama County	1834 Walnut Street	Red Bluff, 96080	lmann@tehcoapcd.net
Yuba	Feather River AQMD	541 Washington Avenue	Yuba City, 95991	sspaethe@fraqmd.org

VOUCHER APPLICATION FORM

Applicant Information:

Name: _____

Physical Home Address (older device must be located within Shasta County):

Mailing Address (if different): _____

Phone Number: _____ Email (if available): _____

Existing Wood Burning Device:

Make/Model: _____ Year Manufactured/Age: _____

I have included a picture of my older device

My older device is a (check one):

- Non-certified freestanding woodstove
- Non-certified woodstove insert
- Open hearth fireplace**

**** Open hearth fireplaces require additional documentation. Please contact the District.**

New device to be installed (check one):

- EPA certified woodstove/insert
- Natural gas Propane Electric

Incentive Level:

- Standard Incentive: \$1,000
- Enhanced Incentive: \$3,500 (indicate qualification below – backup documentation required)
 - Located in a Low Income or Disadvantaged Community (see maps)
 - Proof of participation in a federal or state income assistance program (WIC, CARE, LIHEAP)
 - Household income less than \$51,026 annually

Additional Information:

1. How did you hear about the Change-out Program? _____

 2. Why are you applying? (Please check all that apply.)
 - Not satisfied with current device;
 - To reduce pollution;
 - To save money
 - Other: _____
 3. Was the rebate a significant factor in replacing your stove? Yes No
 4. In a typical heating season, how many cords of wood do you typically burn? _____
 5. Is your current device used as a primary source of heat (>50% winter use)? Yes No
-

District Use Only

Application #: _____ Low Income Status Verified By: _____
Date Received: _____ Verified by District Staff: _____ Date: _____
Low Income Documentation Was: _____ Returned _____ Destroyed

APPLICANT CERTIFICATION:

I certify the following:

- a. I understand that only a currently installed and operating non-EPA certified wood burning device used as a primary source of heat is eligible to be replaced under this program.
- b. I understand that participants are limited to receiving one rebate voucher per address.
- c. I understand that applications are processed in the order they are received. Vouchers will be distributed on a first-come, first-served basis. Funding is limited; vouchers are not guaranteed. The voucher will only be valid for four (4) weeks from the date of its issuance. No retroactive vouchers are available. Voucher expiration date may be extended at the discretion of the District.
- d. I understand that applications may only be accepted for homeowners in in Butte, Colusa, Glenn, Nevada, Plumas, Shasta, Sierra, Sutter, Tehama, and Yuba counties of California.
- e. I understand that if I qualify, I will receive a voucher and a current list of Participating Retailers who will honor the voucher if it is submitted by the expiration date written on the voucher.
- f. The Participating Retailer who installs the new device is responsible for properly dismantling and disposing of the old device.
- g. If I choose to replace a device with funds from this program, I will make a commitment to purchase a device from a Participating Retailer within the four (4) week period and authorize the retailer to forward to the District a notification of the purchase agreement, with verification that my existing wood burning device is not EPA-certified.
- h. I understand that devices purchased with funds from this program will be professionally installed by a licensed Installer and that there may be additional costs for installation including a permit from my community for installation. Installations must comply with all local fire and building codes. The installation must be coordinated and certified by the Participating Retailer and must be completed within ninety (90) days of redeeming the voucher. Installation expiration date may be extended at the discretion of the District.
- i. I understand that I am responsible to pay the retailer for the purchase price of my new device, less the voucher amount.
- j. I understand that I will forfeit my voucher if I provide the District with false information or fail to obtain any required permit or if the required information is not submitted to the District prior to the expiration date listed on the voucher.
- k. The District does not warranty any devices purchased under this voucher program, including, but not limited to, the quality or, functionality of the device.
- l. I understand that proper wood burning practices (e.g., burning only dry, seasoned wood) and proper stove installation and operation (e.g., maintaining a hot fire) are critical to the effectiveness of my new device. I further agree to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance from the Participating Retailer or Installer.
- m. I understand that the District, CAPCOA, and the State of California may inspect all work and associated records with 30-day advanced notice.
- n. Applications will be treated in accordance with Public Records Act requirements. Certain information, subject to those requirements, may be publicly disclosed.

Applicant Name (Print): _____

- Owner
- Tenant

Applicant/Owner Signature: _____

Date: _____