

CUMBERLAND COUNTY, MAINE
WOODSTOVE
CHANGEOUT PROGRAM

INSTRUCTIONS



HOW THE CHANGEOUT PROGRAM AND VOUCHER WORK

Please review. Once signed, this is a binding agreement between the applicant and the American Lung Association. To receive and use a voucher you are agreeing to the following terms:

- 1| The American Lung Association (ALA), is offering vouchers valued between \$300 and \$5000 to homeowners in Cumberland County, Maine, for the retrofit or replacement of non-EPA certified wood stoves with new, cleaner burning devices.

To qualify for a voucher, the homeowner must first complete the application. Applications for vouchers will be accepted until the program completion date or when program funding for the vouchers is depleted. This program is for homeowners and does not include rental properties, businesses, seasonal or vacation homes. However, churches, schools and greenhouses may apply to replace their hydronic heater. You must include a photo of the currently installed older stove with the application to be eligible for a voucher the photo must clearly show that the stove is connected and a current source of heat. Completed applications must be signed by the homeowner and mailed or emailed to the American Lung Association Program Coordinator at the address listed on the application form.

- 2| The Program Coordinator will review the applications to determine if the preliminary requirements have been met for a voucher. Qualified applicants will receive a voucher worth \$1000 toward a new EPA certified wood stove; \$1500 if changing a hydronic heater to a wood stove; \$2000 for an EPA certified wood, pellet, gas stove or heat pump, if changing from a wood stove or hydronic heater and \$3000 for income qualified participants. Income qualified vouchers may be used for an EPA certified wood, pellet, gas stove or heat pump; \$4000 for replacement of a hydronic heater with a new EPA Phase II hydronic heater or indoor ENERGY STAR gas furnace, \$5000 for hydronic heater if income qualified; \$300 for the retrofit of an existing wood stove with a new catalyst. Vouchers are valid for 30 days.

*** Refer to information listed in the gray box for "Income Qualification."**

*** To receive an "Income Qualified" voucher, you MUST provide proof of current participation in state Medicaid or a federal means-tested program that determines eligibility using the U.S. Department of Health and Human Services Poverty Guidelines, such as:**

- Supplemental Nutrition Assistance Program (SNAP);
- Head Start;
- National School Lunch Program;
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Low-Income Home Energy Assistance Program (LIHEAP);
- Weatherization Assistance for Low-Income Persons; or
- other proof of "low income," defined as income between 100% and 185% of the federal poverty level under the HHS Poverty Guidelines.

- 3| The homeowner may only use the voucher to retrofit or replace a non-EPA certified wood stove with a new, cleaner burning device from a participating retailer, provided the voucher has not expired. The participating retailer will apply the voucher as an instant discount off the total price of the stove at the time of purchase. The voucher recipient is responsible for down payments or remaining balances after the voucher has been applied. No retroactive vouchers are allowed. Voucher expiration date may be extended at the sole discretion of the American Lung Association.
- 4| New, cleaner burning devices must be professionally installed in accordance with all federal, state and local laws, rules, regulations and codes. The EPA recommends that installers be National Fireplace Institute or Chimney Safety Institute of American certified (or an equivalent organization). The homeowner must select the participating retailer and the installation must be coordinated and certified by the participating retailer. No do-it-yourself installations are allowed under this program.
- 5| Older stoves that were replaced through the program must be permanently removed from service and surrendered to the participating retailer, who will render them inoperable and coordinate their disposal and recycling.
- 6| The participating retailer will take a photo of the older stove or hydronic heater prior to removing it, take a photo of the destroyed stove with doors and hinges removed and also take a photo of the replacement stove after it is installed.



APPLICATION



All sections of this application must be completed. A copy should be retained by the applicant for their records. The American Lung Association is not responsible for materials lost by the mail. Please carefully review the program terms prior to signing, dating and submitting your completed application with supporting documents.

Mail: American Lung Association
 Attn: Michelle Edwards, Woodstove Changeout Program Coordinator
 122 State Street
 Augusta, ME 04330
Email: Michelle.Edwards@Lung.org

For questions contact Michelle.Edwards@Lung.org

APPLICANT INFORMATION

Name: _____ County: _____

Physical Home Address (where older stove is located): _____

Mailing Address (if different): _____

If mailing address is different, explain why: _____

Phone Number: _____ Email (if available): _____

Current Wood Burning Stove: Make/Model: _____ Year Manufactured: _____

This information is found on the back metal panel of your stove and/or estimate year of manufacture if necessary.

I have included a picture of my older stove, or catalyst

You **MUST** select a replacement type. I will switch out my old wood stove or hydronic heater for the following:

<input type="radio"/> Wood Stove.....\$1000	<input type="radio"/> Income Qualified.....\$3000
<input type="radio"/> Pellet, Gas or Heat Pump.....\$2000	<input type="radio"/> Income Qualified.....\$3000
<input type="radio"/> Hydronic Heater to Wood Stove.....\$1500	<input type="radio"/> Income Qualified.....\$3000
<input type="radio"/> Hydronic Heater to Pellet or Gas Stove or Heat Pump.....\$2000	<input type="radio"/> Income Qualified.....\$3000
<input type="radio"/> Hydronic Heater to Phase II Hydronic Heater or Indoor Gas Furnace.....\$4000	<input type="radio"/> Income Qualified.....\$5000
<input type="radio"/> Catalyst Retrofit.....\$ 300	

***** *To receive an "Income Qualified" voucher, you MUST provide proof of current participation in state Medicaid or a federal means-tested program that determines eligibility using the U.S. Department of Health and Human Services Poverty Guidelines (specific programs listed on the "Instruction" sheet. Please provide copy of the program card, front and back or copy of the approval letter with this application.*

FOR OFFICE USE ONLY

Postmark: _____ Voucher #: _____ Date Issued: _____

Expiration Date: _____ Payment Submitted: _____



ADDITIONAL INFORMATION

- 1| How did you hear about the Woodstove Changeout 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 voucher 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 wood stove used as a source of heat? Yes No
-

I certify the following - please read and initial each item.

- ___ a| I understand that only a currently installed and operating non-EPA certified wood stove or hydronic heaters are eligible to be replaced under this program and have included a photo with this application.
- ___ b| I understand that participants are limited to receiving one voucher per address. Workplaces, rental, seasonal or half-time properties do not qualify—unless replacing a hydronic heater, churches, schools and greenhouses may also apply.
- ___ 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 30 days from the date of its issuance. Voucher expiration date may be extended at the discretion of the American Lung Association.
- ___ d| I understand that applications may only be accepted for residences in Cumberland County, Maine.
- ___ 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| I will be replacing an operable non-EPA certified wood stove that is currently in use in my residence. The participating retailer who installs the new device is responsible for properly rendering inoperable and disposing of the old device.
- ___ g| If I choose to replace a device with funds from this program, I make a commitment to purchase a device from a participating retailer within the 30 day period and authorize the retailer to forward to the American Lung Association a notification of the purchase agreement, with verification that my existing wood stove is not EPA-certified.
- ___ h| I understand that devices purchased with funds from this program must be professionally installed and that there will be additional costs for installation and a permit from my community if required for installation. Installations must comply with all local fire and building codes. The EPA recommends that installers be certified by the National Fireplace Institute, the Chimney Safety Institute of American, or an equivalent organization. The installation must be coordinated and certified by the participating retailer.
- ___ i| I understand that im am responsible for selecting the retailer from participating retailers.
- ___ j| I understand that I am responsible to pay the retailer for the purchase price and professional installation costs of my new device, less the voucher amount.
- ___ k| I understand that I will forfeit my voucher if I provide the American Lung Association with false information, fail to obtain any required permit or if the required information is not submitted to the American Lung Association prior to the expiration date listed on the voucher.
- ___ l| The American Lung Association, does not warranty any devices purchased under this voucher program, including, but not limited to, the qualify, functionality or satisfaction of the device.
- ___ m| I understand that proper wood burning practices (e.g., burning only dry seasoned wood) and proper stove operation (e.g., maintaining a hot fire) are critical to the effectiveness of my new device.

Applicant's Signature: _____ Date: _____