

WESTERN MASSACHUSETTS 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, Northeast Region. To receive and use a voucher you are agreeing to the following terms:

- 1 |** The American Lung Association, Northeast Region (ALA), a Connecticut not-for-profit corporation is offering vouchers valued between \$1,000 and \$5,000 to homeowners in Berkshire, Franklin, Hampden and Hampshire Counties for 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 below. 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. You must include a photo of the currently installed older stove with this 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 to the ALA Program Coordinator at the address listed on the application form. All applications **MUST BE MAILED.**
- 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 for the replacement of a non-EPA certified wood stove with a new EPA-certified woodstove; \$2000 for the replacement of a non-EPA certified woodstove with a new EPA-certified wood pellet stove or a new gas stove; \$1500 for the replacement of a hydronic heater with a new EPA-certified woodstove; there is an additional \$500 incentive for those who choose a replacement unit with 70% or greater efficiency and/or 2.5 grams per hour or less of emissions; \$2000 for the replacement of a hydronic heater with a new EPA-certified wood pellet stove, or gas stove; \$4000 for the replacement

Individuals who participate in the Western Massachusetts Changeout Program are not eligible to also participate in the Commonwealth Woodstove Changeout Program. Individuals may participate in either program, but not both. An attempt to do so will result in the voiding of the voucher and non-reimbursement from either program.

of a hydronic heater with an EPA Phase II hydronic heater, or with an ENERGY STAR gas furnace and \$300 to retrofit an existing catalytic woodstove with a new replacement catalyst. Special income qualified vouchers of \$3,000 or (\$5000 when replacing a hydronic heater) are available to those who can show proof of participation in the Low Income Heating Assistance Program, Women Infants and Children Supplemental Food Program, or state Medicaid at the time of application to this Program. Vouchers will be valid for 30 days. Please include a copy of the card, front and back with this application.

- 3 | The homeowner may only use the voucher to retrofit or replace a non-EPA certified woodstove 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. No retroactive vouchers are allowed. Voucher expiration date may be extended at the sole discretion of ALA.
- 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 America 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 homeowner for his or her records. The ALA is not responsible for materials lost by mail. **Please carefully review the program terms prior to signing below and submit your completed application with attachments by mail to:**

American Lung Association
Attn: Michelle Edwards, Woodstove Changeout Program Coordinator
122 State Street
Augusta, ME 04330

Contact Michelle.Edwards@Lung.org with any questions.

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 woodstove or hydronic heater for the following:

- Woodstove..... \$1,000
- Pellet or Gas..... \$2,000 (gas units must be rated as a heating appliance)
- Income Qualified..... \$3,000 (for new wood, pellet or gas stove)*
- Hydronic Heater to Woodstove..... \$1,500
- Hydronic Heater to Pellet or Gas stove..... \$2,000
- Efficiency/Emissions..... \$ 500 (see requirements)
- Hydronic Heater to Phase II Hydronic Heater..... \$4,000 (\$5,000 if Income Qualified)
- Catalyst Retrofit..... \$ 300

* To receive an "Income Qualified" voucher, you MUST provide proof of current participation in state Medicaid, Low Income Heating Assistance Program or the Women, Infants and Children Supplemental Food Program. Please provide a copy of the card, front and back with this application. If you receive heating assistance, please provide a copy of the approval letter.

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; or 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 woodstove used as a source of heat? Yes No
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CERTIFICATION OF THE APPLICANT:

I certify the following. Please read and initial each item.

- ____ a | I understand that only currently installed and operating non-EPA certified woodstoves 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.
- ____ 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, Northeast Region.
- ____ d | I understand that applications may only be accepted for residences in the program area.
- ____ 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 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 30 day period and authorize the retailer to forward to the ALA 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 America, or an equivalent organization. The installation must be coordinated and certified by the participating retailer.
- ____ i | I understand that I 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 rebate amount.
- ____ k | I understand that I will forfeit my voucher if I provide the American Lung Association, Northeast Region with false information, fail to obtain any required permit or if the required information is not submitted to the American Lung Association, Northeast Region prior to the expiration date listed on the voucher.
- ____ l | The American Lung Association, Northeast Region does not warranty any devices purchased under this rebate program, including, but not limited to, the quality, 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: _____