

Fireplace Change Out Incentive Program

Low-Income Verification Form

Applicant Name:	Phone:
Mailing Address:	
Email Address (if available):	

Are you currently enrolled in any of the following programs? Please check the applicable box.

- Medical Assistance (MA / Access)
- Women Infants & Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Federally Subsidized Housing (Section 8, HUD, etc.)
- Low Income Home Energy Assistance Program (LIHEAP)
- Head Start
- Nurse Family Partnership
- Weatherization Program

Please respond to the questions below only if you could not check one of the boxes above, yet still wish to qualify:

How many people live in your dwelling? _____ What is your total household income? _____

Eligibility Guidelines

Please attach a copy of income documentation – pay stub, benefit letter, or income statement. The documents will not be returned.

- Yes, I have attached income documentation.

Persons in Household	Monthly Income	Annual Income
1	\$1,997	\$23,963
2	\$2,611	\$31,336
3	\$3,226	\$38,709
4	\$3,840	\$46,082
5	\$4,455	\$53,455
5+	TBD	TBD

The information on this application will be used to decide and verify my eligibility for the low income portion of the program. I declare that the information on this verification form is true and correct.

Applicant Signature

____/____/____
Date

Return to

**Allegheny County Health Department
Air Quality Department
301 39th Street, Building 7
Pittsburgh, PA 15201**

**Fax: (412)578-8144
Email: Tom.Lattner@alleghenycounty.us**