

# Fireplace Change Out Incentive Program

## Low-Income Voucher Application Form

<b>Applicant Name:</b>	<b>Phone:</b>
<b>Mailing Address:</b>	
<b>Physical Address of Fireplace Location:</b>	
<b>Email Address (if available):</b>	

### Type of appliance being removed/modified (one per voucher):

- Existing Uncertified Wood Burning Insert  
*Make and Model Number (if known):* \_\_\_\_\_
- Existing Open Hearth Fireplace

### Type of appliance proposed to be installed (check one):

- Gas Log
- Gas Fireplace Insert

**Current Wood Usage** (Optional information, but this information will help the District estimate particulate matter emission reductions from this incentive program):

Cords/year:	Logs/year:	Logs/day:
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Is the wood appliance used as the primary source of heat?  Yes  No

- I have included a copy of a recent utility bill at the address listed above, to prove my residency in Allegheny County
- I have included a signed copy of my Low Income Verification form.

For ACHD Use Only			
<b>Voucher #</b>		<b>Date Issued</b>	/ /
<b>Value</b>	\$	<b>Expiration Date</b>	/ /

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**Applicant certifies the following:**

1. I will be removing an operable, uncertified wood fireplace insert or modifying an open hearth fireplace in my residence. If I am purchasing a gas fireplace insert, I also certify that it will be mounted permanently inside the existing fireplace.
2. I am a full-time resident of Allegheny County.
3. I understand funding for the voucher is first come, first served. The voucher will only be valid for four weeks following the date of its issuance. Within that four week period, I will make a commitment to purchase and appliance from an approved retailer and authorize the retailer to alert the Allegheny County Health Department of a purchase agreement. I understand that I will forfeit my voucher if ACHD is not contacted by vendor to alert them to a purchase agreement prior to the expiration date listed on the voucher.
4. I understand that I will forfeit my voucher, or be required to refund the voucher amount to the Allegheny County Health Department, if I provide false information.
5. I will provide District staff access to my residence to inspect the device for compliance with program requirements, if requested. I understand that the District will provide not less than 2 calendar days' notice prior to this inspection.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

***Return to***

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

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

<b>For Retailer Use Only</b>
<b>Gas Insert/Gas Log Set Make (if applicable) to be installed:</b>
<b>Gas Insert/Gas Log Set Model Number (if applicable) to be installed:</b>
<b>Total cost of purchase and installation:</b>
<i>Retailer certifies that a gas log set or gas fireplace insert has been installed and the previous unit removed, if applicable:</i>
_____ <b>Retailer Signature</b>