



**Community Development Block Grant (CDBG) – Program Income
Woodsmoke Reduction & Heating
Replacement Program**

Voucher Application Form

The Siskiyou County Community Development – Planning Department (CDD) is offering vouchers to qualified homeowners to replace non-EPA certified wood stoves, fireplace inserts, or open-hearth fireplaces with one new and more efficient home heating device. Applications for vouchers will be accepted until project dollars are depleted.

What is a Qualified Homeowner? A homeowner living in their home in the unincorporated area of the County with a household income at or below 80% of the area median income for applicable household size. Homeowner will be required to verify their income and residency in the home for their application to be considered complete.

<i>State CDBG Income Limits for Siskiyou County. Subject to change.</i>						
Household Size	1	2	3	4	5	6
Maximum Income	\$ 43,650	\$ 49,850	\$ 56,100	\$ 62,300	\$ 67,300	\$ 72,300

What is the voucher amount?

Up to \$8,000 per property. **Any costs exceeding \$8,000 will be paid by the homeowner.**

How do I know if my current device qualifies for the program?

Look at the back of the device. If there is no U.S. EPA Stove Certification Label, then it should qualify. If the stove was installed prior to May 2020, then it should qualify. You will submit a picture of the front and back of the device with your application for County staff to confirm device qualification, then the Program Contractor will verify.

What is the application process? Homeowners will be served on a first come, first served basis.

1. Your application will be reviewed for completeness first, which means that everything is filled out, all questions answered, required submittals are included, and the application is signed.
2. When your application is deemed complete, County staff will process your application to confirm the information submitted. We will also confirm that you are current on your property taxes. If you appear to be a Qualified Homeowner, we will request additional information and documentation to verify your income level.
3. When the income verification process is complete, we will notify you and Holy Smoke, the Program Contractor, that you are a Qualified Homeowner.
4. You will coordinate an in-home appointment with Holy Smoke to verify the existing device is not up to the current EPA Step 2 standard, select a new EPA Certified Step 2 device and develop the scope of work. Program Contractor will submit to the County a Contractor Request for Voucher with verifying pictures of the device, cost estimate and scope of work.

5. County staff will complete National Environmental Policy Act (NEPA) review. **Note that there may be circumstances resulting from the review that prevent the County from allowing participation in the program.** For example, if the home is located in a floodplain. The environmental review process can take 10-30 days.

How does the voucher work?

1. County issues the original voucher to the Homeowner.
2. Homeowner enters in to contract with Holy Smoke.
3. After the work is completed, Holy Smoke will train you on proper wood storage and wood burning practices, device operation and maintenance. You will sign the voucher and the Acknowledgement of Training form, then give to Holy Smoke.
4. 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 CDD office. Vouchers will be applied as an instant rebate off the total contract price. No retroactive rebates are allowed.
5. Holy Smoke will submit the voucher and required paperwork to the County for processing and payment. If the contract price is above \$8,000, **the Homeowner is responsible for paying the difference.**

How do I Apply?

Complete all sections of this Voucher Application Form, thoroughly read the program terms in the Applicant Certification then initial and sign the application in blue or black ink. Make a copy of the application and keep it for your records. Submit your completed application with attachments by mail or hand delivery to:

Siskiyou County Community Development
806 South Main Street
Yreka, CA 96097
Attention: Kristen Lackey

Or by email, to: klackey@co.siskiyou.ca.us

The voucher program is not responsible for materials lost by mail. If you have any questions or need personal assistance in completing the application, you can contact Kristen Lackey at 530-841-2160 or klackey@co.siskiyou.ca.us.

Voucher Application Form

Part I - Applicant (Homeowner) Information:

Name: _____

Physical Address: (must be located within an **unincorporated area** of the County):

 Mailing Address (if different): _____

Year Built: _____ Assessor's Parcel Number: _____

Phone Number: _____ Email: _____

Part II - Confidential Participant HUD Demographic Information (Responses are Voluntary)

Race:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> American Indian/Alaska Native and Black
<input type="checkbox"/> American Indian/Alaska Native and White
<input type="checkbox"/> Asian
<input type="checkbox"/> Asian and White | <input type="checkbox"/> Black/African American
<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other Multi-Racial (_____) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Ethnicity: Hispanic Not Hispanic

Part III - Household Information:

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student (Part/Full-time, Neither)	**Disabled (Y/N)
1		Head of Household			
2					
3					
4					

Part IV - Annual Income:

Section A - Income Sources

On the following table, for each household member listed above, report all current income and income expected to be received in the next 12 months including long-term unemployment compensation and all hazard pay. **After initial application review, you will be required to submit information and documentation to verify this information.**

DO NOT INCLUDE:

- IRS Economic Impact Payments (stimulus checks),
- Federal Pandemic Unemployment Compensation (the additional \$600 per week),
- Lost Wages Supplemental Payment Assistance (up to \$400 per week),
- Income of a live-in-aide,
- Children of live-in-aides,
- Foster children,
- Foster adults, or
- The income of minors.

Income Sources	HH Member #1	HH Member #2	HH Member #3	HH Member #4
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation)	\$	\$	\$	\$
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)	\$	\$	\$	\$
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Instacart, etc.)	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$
Retirement/Pension/Insurance policy/Annuities	\$	\$	\$	\$
Disability or Disability Death Benefit Compensation	\$	\$	\$	\$
Worker's Compensation and Severance pay	\$	\$	\$	\$
Welfare Assistance Payments (Temporary Assistance to Needy Families)	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$
Total for each HH Member	\$	\$	\$	\$
Section A: Total Income for Household	\$			

Section B – Income From Assets

Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. **After initial application review, you will be required to submit information and documentation to verify this information.**

Household Member #	Assets Categories: Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Cash Value of Asset	Interest/Dividends Earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
Household Member #	Disposed Assets: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$
		\$	\$
		\$	\$
		Box (B1) Total Value of Assets	Box (B2) Total Income from Assets
		\$	\$

Part V - Existing Wood Burning Device:

Make/Model: _____

Year Manufactured/Age: _____

I have included a picture of the front and back of my current device (**Required**)

My current device is a (check one):

Non-certified freestanding woodstove

Non-certified woodstove insert

Open hearth fireplace

Other: _____

Additional Information:

1. How did you hear about the 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? _____

Applicant Certification

I certify the following:

- a. I understand that only a certified wood burning device that is not certified to EPA Stage 2 Standards is eligible to be replaced under this program. No retroactive rebates are available.
- b. I understand that participants are limited to receiving one voucher per property/household.
- c. I understand that fully completed 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. Voucher expiration date may be extended at the discretion of CDD.
- d. I understand that property taxes on the home must be paid and current.
- e. I understand that my household must be eligible for the program, including household income at or below 80% of the Area Median Income for Siskiyou County and that I will need to provide further information and documentation to verify my household income level.
- f. I understand that this project is subject to environmental review under the National Environmental Policy Act, and the application may be denied as a result of the review.
- g. I understand the Program Contractor is responsible for properly dismantling and disposing of the old device.
- h. I understand that devices purchased with funds from this program will be professionally installed by Holy Smoke, a licensed contractor/installer and that there may be additional costs for installation including a permit from the County for installation. Installations must comply with all County fire and building codes. The installation must be coordinated and certified by the Program Contractor and must be completed within four (4) weeks of voucher issuance. Installation expiration date may be extended at the discretion of CDD.
- i. I understand that I am responsible to pay the retailer for the purchase price and installation of my new device less the approved voucher amount. **INITIAL** _____
- j. I understand that I will forfeit my voucher if I provide CDD with false information or fail to obtain any required permit or if the required information is not submitted to CDD prior to the expiration date listed on the voucher.
- k. CDD 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, device operation and maintenance from the participating retailer or installer.
- m. I understand that CDD, and the California Department of Housing and Community Development may inspect all work and associated records with 30-day advanced notice.
- n. I understand that applications will be treated in accordance with Public Records Act requirements. Certain information, subject to those requirements, may be publicly disclosed.
- o. I certify that the information provided on this application is true and correct.**

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

