



# Klamath County / EPA Woodstove Change Out Program

## Homeowner's Information (Please Print Clearly)

**Name** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Do you own the home?**

**Cell Number** \_\_\_\_\_ **Yes:\_\_\_\_\_ No:\_\_\_\_\_**

**Email Address** \_\_\_\_\_

**Please select one, or both, of the options below:**

- Woodstove Change Out       Home Weatherization

**Woodstove**

**Existing Unit in Home**

Check only one

- Woodstove
- Fireplace Insert
- Open Fireplace  
(if only source of heat)
- Pellet Stove
- Pellet Insert
- Wood Burning Furnace

**New Appliance Requested**

Check only one

- Free Standing Gas Stove
- Gas Fireplace Insert
- Gas Furnace
- Electric Heat Pump

**Fuel Usage Per Year (Cords, Pellet lbs., Coal lbs.):** \_\_\_\_\_

**Weatherization**

**Weatherization Upgrades Requested**

- Window Upgrades
- Insulation
- Door Replacements
- Multiple/Other

**For Office Use Only**

In-home visit completed by \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Make/Model of Existing Unit \_\_\_\_\_

Income Qualified?       YES     NO     Not Applicable

SCOEDD Staff Signature \_\_\_\_\_

## Homeowner Signature & Agency Disclaimers

An in-home visit will be required prior to qualification. There will also be an in-home visit by the Klamath County Building Department for inspection upon complete installation of your new heating equipment. Qualifications for this program are you must have a wood stove, fireplace insert, or open fireplace used as a sole source of heat. Qualifications for weatherization upgrades will be determined and approved by home inspection. You must also live within the Air Quality Zone in Klamath Falls.

You understand that neither SCOEDD nor Klamath County makes any warranty concerning the performance, operation, installation or any other characteristic or feature of this appliance. SCOEDD and Klamath County are not responsible for any underlying issues (e.g., wood rot, infestation, etc.) that might result from installation of windows and other weatherization upgrades. SCOEDD approval is only for purposes of obtaining rebate program. You must certify that you're the homeowner. By signing below, you certify that the wood burning unit described in this application is in your residence and that the information contained herein is accurate and true.

SCOEDD and Klamath County do not sell information from this application as a mailing list. However, we may be required to disclose name, address, and phone number from your application under the Oregon Public Records Law ORS 192.410 et. seq. We can withhold your address and phone number following a written request explaining personal safety concerns or restraining order. SCOEDD and Klamath County do not endorse any company that requests the information.

Note by signing below, you acknowledge: It is your responsibility to ensure compliance with all eligibility requirements. SCOEDD will take the lead on all things regarding rebate. Vendor will reach out to you directly to schedule inspections and installations. You may not directly reach out to the vendor or inspector. You are not allowed to interfere with the contractor's work, direction, work methods, or control. You shall provide the contractor with access to all work areas and provide a safe work environment. Contractors have the right to refuse work if homeowners do not provide a safe work environment and/or are combative. You have to be available for the agreed upon time of installation and if you are not present, you are subject to additional fees, which could result in a lower rebate. If you have any questions concerning claiming the rebate, contact Janine Cheyne at 541-884-5593.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (If applicable)

\_\_\_\_\_  
Date

# Income Verification

## Homeowner's Information (Please Print Clearly)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Total Household Income \_\_\_\_\_ # of People in household \_\_\_\_\_

Income Verification Type  
Check all that apply

**Attach Income Verification**

- Tax Return     
  Retirement/Pension     
  SSI     
  SSDI     
  Pay Stubs

**There are no income qualifications for this program and income information is used only for reporting purposes**

Applicant Signature

Date

Spouse Signature (if applicable)

Date

**Low-Income Eligibility**

Criteria for low-income eligibility are based on 2022 HUD low-income for Klamath County

1 Person	2 Person	3 Person	4 Person	5 Person
\$40,250.00	\$46,000.00	\$51,750.00	\$57,450.00	\$62,050.00

6 Person	7 Person	8 Person
\$66,650.00	\$71,250.00	\$75,850.00