



# 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

### 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): \_\_\_\_\_

### 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 prequalification. 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 an uncertified wood stove; uncertified fireplace insert, or open fireplace used as a sole source of heat. You must also live within the Air Quality Zone in Klamath Falls.

I 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 approval is only for purposes of obtaining rebate program. I certify that I am the homeowner. By signing below, I (we) certify that the uncertified wood burning unit described in this application is in my 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: It is the applicant's responsibility to ensure compliance with all eligibility requirements. If you have any questions concerning claiming the rebate, contact SCOEDD at 541-884-5593 or via email at [scoedd@scoedd.org](mailto:scoedd@scoedd.org).

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	\$60,720.00