



Klamath County / EPA Woodstove Change Out Program

Homeowner's Information (Please Print Clearly)

Name _____

Street Address: _____

City _____ State _____ Zip _____

Phone Number _____

Cell Number _____

Email Address _____

- 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
 - Ductless Heat Pump (only available until August 2022 - additional requirements needed)

Agency Information	For Office Use Only
In-home visit completed by	_____
Date of Inspection	_____
Make/Model of Existing Unit	_____
Income Qualified? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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.

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