

# YRCAA Woodstove Change out Program Application

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**In order for the Submit Feature to work on this Application form or any other form on our web site you must first download it to your computer, then fill it out using Adobe Acrobat, and click the Submit Button at the bottom.**

## Complete all sections below

Name(s) of All property Owner(s) \_\_\_\_\_

Phone Number(s): Best Daytime: \_\_\_\_\_ Alternate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you previously received funding from this program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes When: \_\_\_\_\_

## Property Information

Property Address: \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ Yes \_\_\_\_\_ No if not explain: \_\_\_\_\_

## Program Information

I have the following Solid Fuel Burning Device(s) currently installed and operational:

Free standing woodstove/ insert # \_\_\_\_\_ Open fireplace # \_\_\_\_\_ Pellet stove/insert # \_\_\_\_\_

Make/Model/Date Installed: (if known) and any other notes \_\_\_\_\_

I am interested in replacing the above device with the following option(s):

\_\_\_\_\_ Electric Ductless Mini Split or Furnace \_\_\_\_\_ Wood Stove/Insert \_\_\_\_\_ Pellet Stove/Insert

\_\_\_\_\_ Natural Gas / Propane Stove/insert

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## Questions

1. How many days per week do you burn during a winter season \_\_\_\_\_ 1-3 \_\_\_\_\_ 3-5 \_\_\_\_\_ 5-7 days

2. What Type of Solid fuel do you use (ex: Forrest wood, fruit, mix, pellet) \_\_\_\_\_

3. On average, how much solid fuel (i.e. wood, pellets) do you use per season?

\_\_\_\_\_ Cords/Tons

4. What other heat source is in the home check all that apply

\_\_\_\_\_ Electric Furnace \_\_\_\_\_ Electric Base Board/ Wall Heater

\_\_\_\_\_ Natural Gas/ Propane Furnace \_\_\_\_\_ No other heat source

## Interested in which Program:

\_\_\_\_\_ Low Income \_\_\_\_\_ Rebate \_\_\_\_\_ Bounty

## Qualifying Information For low income applicants only:

How many people reside in the home (children included): \_\_\_\_\_

What is the approximate total household income per year this information will be verified through a third party qualifier for the low income portion of the program \$ \_\_\_\_\_

## How did you hear about this program?

\_\_\_\_ Radio \_\_\_\_ TV \_\_\_\_ Friend or Relative \_\_\_\_ Retailer \_\_\_\_ Website \_\_\_\_ Other please list

\_\_\_\_\_

Signature: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_