



Wood Stove Exchange Application

www.WoodStoveExchange.com
503-846-4425

Applicant Information

Applicant name (first, last):		Date of birth:
Co-applicant name (first, last):		Date of birth:
Current address:		
City:	State:	ZIP code:
Phone:	Other phone:	Email:

Home Information

Approximate year the home was built:	
Mobile or manufactured home: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, name of mobile home park:	
Do you own the home: <input type="checkbox"/> yes <input type="checkbox"/> no	If you rent, complete information for owner, landlord or property manager
	Name (first, last):
	Address:
	City, State, ZIP code:
	Phone: <input type="text"/> Email: <input type="text"/>

Household Income

List the name and gross income for all household members over 18 years of age currently residing at the owner address. (For renters – only enter renter's income below)

Name	Age (years)	Source of income	Monthly gross income
Total household monthly gross income			
Total household annual gross income			
Total number in household (all ages)			

I/We decline to provide income verification for our household. By declining I/we understand that our household will only qualify for a \$1,500 rebate. Applicant initial: Co-Applicant initial:

Current Heating Device

Current device type: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Old or uncertified freestanding wood stove | <input type="checkbox"/> Old or uncertified freestanding pellet stove |
| <input type="checkbox"/> Old or uncertified wood stove insert | <input type="checkbox"/> Old or uncertified pellet stove insert |

Estimated cords of wood burned per year (cord of wood = one 4'x4'x8' pile of stacked firewood):

Estimated number of days per year you burn wood for heat:

Preferred New Heating Device

Preferred replacement device type: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Certified freestanding or insert wood stove (only available to those who qualify for a full-cost replacement grant) | <input type="checkbox"/> Certified freestanding or insert pellet stove |
| <input type="checkbox"/> Freestanding or insert gas or propane stove | <input type="checkbox"/> Ducted heat pump |
| | <input type="checkbox"/> Ductless heat pump |
| | <input type="checkbox"/> Gas, propane or oil furnace |

Demographics

This information is not used to determine eligibility. Please respond to both questions.

Ethnicity: Hispanic or Latino NOT Hispanic or Latino

Single race (select one)

- White
- Black / African American
- American Indian / Alaska Native
- Asian
- Native Hawaiian / Pacific Islander
- Other

Multi-racial (Select One)

- American Indian / Alaska Native and White
- American Indian / Alaska Native and Black
- Asian and White
- Black / African American and White
- Other multi-racial

Signature(s)

By signing below, I (we) certify that the statements made in this application are true and are for the purpose of being qualified for the Washington County Wood Stove Exchange Program. The above dwelling is my current residence that I occupy and intend to continue to occupy. I (we) authorize Washington County to contact and obtain, from any source, verification of the above information. The undersigned understands that income qualification does not guarantee availability of funds. Program process and timelines still apply.

If my application is approved, I, on behalf of myself, my heirs and assignees agree to defend, indemnify and hold harmless Washington County, its agents, officers, elected officials and employees from and against all claims, demands and judgments (including attorney fees) made or recovered against them including, but not limited to, damages to real or tangible property or for bodily injury or death to any person, arising out of, or in connection with products or services received through the Woodstove Exchange program, including but not limited to damage, injury or death is caused or sustained in connection with the negligent performance or willful misconduct of any Contractor, or its employee, agents or subcontractors.

Applicant signature:

Date:

Co-Applicant signature:

Date:

Supporting Documentation

These documents may be submitted with your completed application or provided to the County upon your initial site assessment. Households who do not submit income verification documentation are only eligible for a \$1,500 rebate.

Income verification

(Provide verification for each member of your household included in the household income table above)

Be sure to black out your social security number(s)

Examples may include:

- Page 1 and 2 of the Form 1040 from your federal tax return (most recent)
- Pay stubs from jobs worked in the last three months
- Bank statements for all members of the household over 18 years old (last 3 months – all pages)
- Statement from the Oregon Employment Office detailing amount of unemployment benefit
- Award letters from government agencies or pension/retirement distributions

Utility or fuel usage

Submit your electric and gas (if applicable) bills for the past three months.

If you heat with wood, pellets or propane, please provide receipts or other billing information demonstrating your costs

Return your application to: Wood Stove Exchange Program
Washington County Office of Community Development
328 West Main, Suite 100, MS 7 | Hillsboro, OR 97123-3967