



Wood Stove Exchange Application

Homeowner's Name: _____
Phone – Mobile: _____ Home: _____
Email: _____
Address: _____
City: _____ ZIP: _____

Household and Income Information:

Number of years at address: _____ How many people live in your home? _____

What is the *total annual, combined income before taxes* for the home? \$ _____
You must include all HOUSEHOLD income for each person (18+) in the house, unless a full-time student.

Please provide copies of documentation of income. (For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub and note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.)

Are you still making loan payments on your home? Yes _____ No _____

If yes, what is your monthly payment? \$ _____ /month

Are you current on your mortgage payments? Yes _____ No _____

Are your Property Taxes and Homeowners Insurance included in your mortgage payment?

Yes _____ No _____

Please provide a copy of your most recent property tax statement and proof of your homeowner's insurance.

Wood burning appliance brand, model and serial number (if applicable):

Annual wood usage (how often do you use your stove or fireplace?):

Is your appliance a sole, primary or secondary source of heat?

Where did you learn about the Burn Smart program? (please describe)

In Partnership With:





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Please initial to the side of each statement as it applies:

- _____ I understand this application is for a grant to support the cost of replacing my wood burning appliance with a gas appliance to reduce emissions and improve air quality.
- _____ I understand these funds are available to home owners, not real estate investors, and the home must be my primary residence.
- _____ I understand that to qualify for this program, natural gas or propane service must already be in place at my home.
- _____ I understand this application is for the replacement of an operating wood burning appliance, and the appliance will be removed from my home and destroyed or recycled.
- _____ I understand this application is for a voucher to apply toward the costs of a new gas appliance to replace my current wood burning appliance, and I must pay the balance of the costs of the new appliance.
- _____ I understand that construction and installation must meet all city and state building and safety codes.
- _____ I understand that Burn Smart representatives may use photographs, videos and other recordings of Burn Smart projects to further promote the program. I hereby grant all right, title and interest in any photographs or video recordings taken of the work being performed on my home, for this purpose.

Please write a brief explanation of why you should be selected:

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Applicant (print):

Date:

Signed Applicant Signature:

Applications may be scanned and emailed to brianna@habitat-utah.org or hand-delivered by appointment by calling 435-658-1400 ext. 1006.

Optional information:

Is the homeowner or anyone in the home disabled? Yes _____ No _____

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches ____ Wheelchair Bound ____ Hearing Impaired ____

Blind ____ Loss of Limb ____ Mentally Disabled ____ Other _____

Is translation needed? Yes _____ No _____

If yes, what language _____

Are there any seniors in your home? Yes _____ No _____

Are you or anyone living in the home a Veteran? Yes _____ No _____

In Partnership With:

