



## PARTICIPANT APPLICATION FORM

### HOW THE REBATE WORKS

1. The American Lung Association in Michigan® (“Program Administrator”), a not-for-profit corporation, is coordinating financial incentives for residents of the Lower Peninsula of Michigan to replace or upgrade inefficient, higher polluting wood- or coal-burning stoves or hydronic heaters with cleaner-burning, more energy-efficient wood-burning or gas appliance replacements and retrofits through the Lower Peninsula of Michigan Woodstove Changeout Program (“The Program.”)
2. Funding for program administration and financial incentives is provided by Consumers Energy. Consumers Energy’s actions and expenditures for this Environmental Mitigation Project (EMP) administered by the Program Administrator are required by a Consent Decree, U.S. v Consumers Energy Company, Civil Action 14-13580, U.S. District Court for the Eastern District of Michigan.
3. All program requirements specified below for wood-burning appliances also apply to replacement of coal burning appliances.
4. Applicants must first partner with a Participating Retailer (“Retailer”) to complete the application below. Applications for rebate vouchers will be accepted until the program completion date (August 31, 2018) or the Program Dollars for rebates are depleted, whichever occurs earlier. Program Dollars are distributed on a first-come, first-served basis.
5. Applicants will submit applications through a Retailer as either a General Residential Applicant or an Income Qualified Applicant. Income Qualified Applicants will be required to provide documentation showing that they are at or below current federal poverty guidelines or are currently participating in one of the following programs:
  - a. Supplemental Nutrition Assistance Program (SNAP)
  - b. Medicaid
  - c. Women, Infants, and Children (WIC) Program, and/or
  - d. Low Income Home Energy Assistance Program (LIHEAP)
6. The Program will provide rebate vouchers to replace or retrofit inefficient, higher-polluting wood-burning appliances with cleaner burning, more energy-efficient heating appliances and technologies. This can be done by: (i) replacing older hydronic heaters with EPA-certified hydronic heaters, or with EPA-certified wood stoves, other cleaner-burning more energy-efficient appliances (e.g., wood pellet, natural gas, or propane appliances), or EPA Energy Star qualified heating appliances; (ii) replacing non-EPA certified woodstoves with EPA-certified woodstoves or cleaner-burning, more energy-efficient appliances; and (iii) replacing or retrofitting wood-burning fireplaces with EPA Qualified retrofit devices or cleaner-burning natural gas fireplaces.
7. To qualify for the Program, the wood- or coal-burning appliance must be non-EPA certified and in regular use in a primary residence during the home-heating season or in a frequently used non-residential building (e.g., churches, greenhouses, schools). Preference shall be given to appliances that are a primary or significant source of heat.
8. The application must be filled out by the homeowner when applying to replace or retrofit an appliance in a primary residence. Tenants are not eligible to apply.
9. A photo of the existing older wood burning appliance *in situ* prior to removal must be taken by a Retailer and submitted with this application to be eligible for a rebate. The photo must clearly show that the older wood burning appliance is in a residence and generally operational. When possible, a photo should also be taken of the manufacturer’s tag on the back of the appliance.

10. Older wood burning appliances that were replaced through the Program must be permanently removed from service and surrendered to the Retailer, who will render them inoperable and coordinate their disposal and recycling.
  11. New, cleaner burning devices must be professionally installed and/or upgraded in accordance with all applicable state, county or local municipal codes/ordinances and manufacturer installation instructions, including but not limited to the issuance of a mechanical permit. The installation must be coordinated and certified by the Retailer using an Installer pre-approved by the Program Administrator. No do-it-yourself installations are allowed under this Program.
  12. Completed applications must be signed by the Retailer and the Applicant and emailed or mailed to the Program Administrator at the address listed on the application form.
  13. The Program Administrator will review the applications to determine if the preliminary requirements have been met for a rebate voucher and notify the Retailer and Applicant within five business days of approval status and voucher amount. The five-business-day timeframe may not be honored if applications are submitted outside of the appropriate phase of the program as described in the Program Guide (i.e. if a General Residential Applicant submits an application before January 1, 2017).
  14. Applicants who are approved, henceforth called Participants, to receive a rebate voucher must purchase and schedule installation of their qualifying appliance by the expiration date (30 days from voucher issuance). If the Participant does not purchase and schedule the qualifying appliance by the expiration date, the Participant will be required to contact a Retailer to restart the process for a new rebate voucher and will not be guaranteed a new rebate voucher if all program funds have already been encumbered.
  15. The Participant may only use the rebate voucher to retrofit or replace a non-EPA certified wood burning appliance with a new, cleaner burning device from a Retailer, provided the voucher has not expired. The Retailer will apply the rebate voucher as an instant rebate off the total price of the stove. No retroactive rebates are allowed. Rebates are not to exceed the price of the purchased equipment.
  16. In order to improve the efficiency and reduce emissions, a wood moisture meter shall be provided to every Participant that receives a new wood-burning appliance or retrofits an existing wood-burning appliance along with a one-page information sheet "Why and How to Use a Wood Moisture Meter." Wood burns best at a moisture content of less than 20 percent. Testing wood with a wood moisture meter before burning is one way to get the best efficiency out of a wood-burning appliance.
  17. The Participant understands that it is the responsibility of the Retailer and/or Installer to ensure that all installation or retrofits are done in accordance with all applicable codes and ordinances and that neither Consumers Energy nor the Program Administrator will assume any responsibility or liability for the removal of the appliance, the purchase and installation of replacement appliances, or any other element of the replacement or retrofit process. Additionally, the Participant understands that the Retailer's establishment, employees and/or subcontractors are not acting as an agent of the Program Administrator or Consumers Energy Company.
  18. Applicant/Participant understands and agrees that the award of any rebate voucher and rebate is within the sole discretion of the Program Administrator and that the Program Administrator's decision(s) are final.
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**REBATE VOUCHER APPLICATION FORM**

All sections of this application must be completed. A copy should be retained by the Applicant for his or her records. The application is to be submitted by the Retailer along with a photo of the existing non-EPA certified wood- or coal-burning appliance. The American Lung Association in Michigan is not responsible for materials lost by mail. Please review the program terms listed above prior to signing below.

**Applicant Information**

Name: \_\_\_\_\_

Address (where older appliance is located): \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Participating Retailer Information**

Retailer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Retailer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Installer Information (if different from above)**

Installer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Installer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Professional Credentials: \_\_\_\_\_

**Old Non-EPA Certified Appliance Information (if known)**

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Manufacture Date: \_\_\_\_\_ Current Appliance Photo Attached: Yes No

Current Appliance Type: Hydronic Heater Woodstove Fireplace Insert

Is the appliance EPA-certified? Yes No Unknown

For wood-burning appliance, please estimate the number of cords of wood burned per year: \_\_\_\_\_

**Applying for: (Please mark the type of qualifying appliance the customer plans to purchase)**

Catalyst retrofit / replacement	_____	EPA-Certified:	
EPA Qualified Fireplace Retrofit	_____	Woodstove	_____
Gas Stove Insert	_____	Woodstove Insert	_____
Energy Efficient Gas Stove	_____	Wood-Pellet Stove	_____
Energy Efficient gas furnace or boiler	_____	Hydronic heater	_____

**Income Qualified Voucher**

Income qualification will be determined based on documentation showing that the Participant is at or below the current federal poverty guidelines or currently receives assistance from Medicaid, Low Income Home Energy Assistance Program (LIHEAP), the Supplemental Nutrition Assistance Program (SNAP), or the Women, Infants and Children (WIC) Supplemental Food Program. To prove low income-status, Participant needs to submit a copy of your current Medicaid card, or a copy of an official letter certifying that you are currently participating in the LIHEAP, SNAP, or WIC.

Please indicate which documentation is included: \_\_\_\_\_

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The Participant certifies to the American Lung Association in Michigan that the information contained on this application is accurate and the form is completely filled-out.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

The Retailer certifies to the American Lung Association in Michigan that the information contained on this application is accurate to the best of the Retailer's knowledge. The Retailer also agrees to meet all program requirements in order to receive reimbursement from the American Lung Association in Michigan. Retailers require completion of Participating Retailer Agreement form and required training.

Participating Retailer Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed application, an itemized least cost estimate to replace and install a new appliance, and photos of existing appliance to:

[Jocelyn.Hayward@lung.org](mailto:Jocelyn.Hayward@lung.org)

OR

American Lung Association in Michigan  
Attn: Jocelyn Hayward  
PO Box 402  
Williamston, MI 48895-0402