



# Homeowner/Buyer Application Form

**(To be submitted to ALAUM by Participating Retailer along with copy of estimate provided to homeowner.)**

### Homeowner Information:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

1. Number of years you have heated with wood/pellets: \_\_\_\_\_

2. Estimated amount of cords of wood or tons of pellets used annually: (full cords equal to 4 ft. x 4 ft. x 8 ft.) \_\_\_\_\_

3. On a scale of 1 to 5, with 1 being the most important and 5 being the least important, rate the following as the reason you are buying a new appliance:

_____ Appliance was worn out	_____ Efficiency (Want to use & buy less wood)
_____ Aesthetics (Want a new look)	_____ Emissions (Want to cut down on air pollution)
_____ Convenience (Want something easier to use)	

**Residence Type:** Primary Residence  Secondary Residence

**Type of Incentive:** Residential General Voucher  Income Qualified Voucher\*

*\*Note: Income Qualified Customers must provide verification in the form of one of the following:*

Supplemental Nutrition Assistance Program (SNAP)  Medical Assistance  Women, Infants & Children's Program (WIC)   
Income-Qualified Home Energy Assistance Program  Income-Qualified Eligibility Application

Estimated Cost of New Appliance (Including Installation): \$ \_\_\_\_\_ Amount to be Paid by Homeowner: \$ \_\_\_\_\_

Amount of Voucher being Applied for: \$ \_\_\_\_\_ **(Note: Please attach copy of total estimate provided to the homeowner.)**

**Appliance being replaced:** Approximate Age: \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Description: \_\_\_\_\_

**New Appliance:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Make \_\_\_\_\_

Type of fuel: Wood  Gas  Pellet  Other  \_\_\_\_\_

### Participating Retailer:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

The above information is true and accurate to my knowledge. I understand that the Participating Retailer is not an agent of the American Lung Association in Wisconsin or Wisconsin Public Service Corporation and agree to hold these entities harmless from any dispute arising from the relationship between myself and the Participating Retailer and/or the installer.

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETAILER: Keep the original document for your records. Send a copy via fax or email to the Program Administrator to verify eligibility and reserve funding. Program Administrator: [Dona.Wininsky@Lung.org](mailto:Dona.Wininsky@Lung.org); Fax: 262-781-5180**