

INCOME-QUALIFIED APPLICATION

www.pscleanair.org/woodstove



Instructions for filling out the Income-Qualified Application

Thank you for being a part of our efforts to keep the Tacoma-Pierce County area in compliance with federal clean air standards. Your participation in this program is appreciated! To be considered for the full-cost replacement of your wood stove/insert, please follow these steps:

- 1) If you have not yet enrolled in the Wood Stove Program, complete the online application located at www.airsafepiercecounty.org (under the Wood Stove Program icon). Note the 5-digit enrollment number given to you upon completion. You'll need this for the next step.
- 2) Fill out the two-sided paper application titled "Income-Qualified Application," listing all names, ages, and incomes of the people who live in your home.
- 3) Obtain copies of a valid picture ID for all adults in the house, and all appropriate documents for the income listed on the Income-Qualified Application for those adults. Please black-out any reference to your social security number, bank account number, and/or driver's license number on any of these documents.

Accepted documents for verifying earned income can be one or more of the following:

- a) Pay stubs from all jobs worked for the most recent month
- b) Most recent tax return given no change in employment situation for any person listed on the tax return
- c) Statement from Employment Securities Office detailing amount of unemployment benefits
- d) Award letters from government agencies or pension/retirement distributors

Adults with zero income must provide one of the following:

- a) A copy of your most recent tax return given no change in employment situation for any person listed on the tax return
 - b) A copy of your employment history and/or unemployment payment history, which can be obtained by contacting the Employment Security Department at 360-725-9440; provide a copy of the records to the Wood Stove Program
- 4) Proof of residency can be verified by public records, government issued IDs and/or household-related bills such as utility billings. We reserve the right to request additional documents and verify validity of documents submitted.
 - 5) Send the original Income-Qualified Application, copies of all picture IDs and copies of all supporting income documentation (with all social security numbers blacked out) to:

Wood Smoke Reduction Program
Tacoma-Pierce County Health Department
3629 South D Street, MS-1041342
Tacoma, WA 98418-6813

Or you may email all the above to: woodsmoke@tpchd.org with "WSRP Income-Qualified Application" in the subject line.

If you want to meet with staff in person, we encourage you call to schedule an appointment to ensure someone is available.

Please call (253) 798-4540 with any questions, and thank you for applying.

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1) Applicant's Information

To be considered for a full-cost replacement, either the property owner or the renters must have an adjusted gross income that meets the criteria detailed in Section 3. The person(s) whose income is being used to qualify for this program is considered the applicant.

Last Name: _____ First Name: _____ WSRP Enrollment # (five digits): _____

Street address of residence with wood stove/insert: _____ City _____ ZIP _____

Length of time living at this residence: Years _____ Months _____ (Proof of at least 6 months of residency required)

Is this your mailing address? Yes No, my mailing address is: _____

Primary Phone: (____) _____ Alternate Phone: (____) _____ E-mail: _____

Property is owned by: _____ If rented, renter's name: _____

2) Household Acknowledgement and Agreement

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 higher incentive offered by the Tacoma-Pierce County Wood Stove Replacement Program. You are authorized to contact and obtain from any source, verification of the above information and/or any information deemed necessary relating to this application. The undersigned understands that income qualification does not guarantee availability of funds. Program process and timelines still apply.

I (we) give my (our) permission for the Tacoma-Pierce County Wood Stove Replacement Program to request information from or release information to other organizations (i.e., my utility provider, Pierce County Community Connections, MDC, etc.) that may result in additional benefits. I (we) may also be denied if the information I (we) provide conflicts with information given to other organizations.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

3) Income Eligibility Guidelines

For income qualification, the income thresholds are based on 80% of the 2016 county-wide median family income levels (low income). To be eligible for the income-qualified program, the combined household adjusted gross income **FOR ALL ADULTS** in the household must be equal to or less than the corresponding amount listed for the total number of people in the household.

For example: A home with 2 adults and 3 children (household size of 5) would qualify if the 2 adults' combined income is \$62,500 or less per year.

Monthly/Annual Household Income Thresholds

Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$3,375	\$3,858.33	\$4,341.67	\$4,820.83	\$5,208.33	\$5,595.83	\$5,979.17	\$6,366.67
Annual Income	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400

from: <http://www.huduser.org/portal/datasets/il/il16/Section8-IncomeLimits-FY16.pdf>

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4) Applicant's Household Income Information

The financial situation of the applicant will be reviewed by the staff at the Tacoma-Pierce County Health Department (TPCHD) and an approval or denial will be shared with the Puget Sound Clean Air Agency. In order to review the applicant's financial situation, we need to know the names and ages of everyone in the house, their monthly income, and the source of that income. Please use the form below to provide that information; if additional family members, please list on separate sheet. Stated income must be verifiable with the appropriate documentation.

Name	Age	Date of Birth	Total Monthly Income	Source of Income (check all that apply)
			\$	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Rental Income <input type="checkbox"/> Other _____
			\$	<input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> Rental Income <input type="checkbox"/> Other _____
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IMPORTANT: Your application will be reviewed only if all sections on this form are complete AND you have provided the appropriate income verification document(s) for all adults living in the applicant's house. Once TPCHD has all the necessary information and documentation, they will review your application within 10 business days. After review, you will receive written notification from the Wood Stove Replacement Program to let you know the next steps. All information collected by the TPCHD is subject to the Public Records Act, RCW 42.56.

Any questions? Please call the Wood Stove Program Team at TPCHD at (253) 798-4540.