



WOOD STOVE REPLACEMENT PROGRAM OWNER/TENANT AGREEMENT

Parties: This Owner/Tenant Agreement (Agreement) is for services between

Current Tenant _____

and the

Owner _____

concerning the real property located at

Address

City

State

Zip Code

Grant Award: The subject matter of this Agreement is the Wood Stove Replacement Program. This voucher is available to Owner/Tenants for the replacement of a non-EPA certified wood burning device that is currently in operation and used as a primary source of heat with an EPA certified wood stove, woodstove insert, gas heating device, or electric heating device.

Whereas Owner and Tenant recognize the need for replacing a non-EPA certified wood burning devices with an EPA certified device to provide more efficient heating and less emissions into the home and the community.

Whereas Owner and Tenant desire to cooperate in participating in the Wood Stove Replacement Program.

Now, therefore, owner and tenant agree as follows:

1. To allow District-approved Participating Retailers and their licensed Installers into the property noted above for inspection, estimate, installation and permitting. This includes allowing photos to be taken of the old, non-EPA certified device before removal and photos of the new EPA certified device after installation.
2. The Owner shall not raise the rent of the unit for a period of two (2) years or evict the unit's resident because of increased value of the unit due solely to the newly installed device.
3. Either Owner or Tenant may complete an application for the Wood Stove Replacement Program. Both parties must review the application and agree to the items on page 3 "Applicant Certification." Submission of an application does not guarantee funding.
4. The Tenant shall not take possession of the device upon vacating the real property noted above. The new EPA certified device must stay with the property and belongs to the owner.

5. The Tenant agrees to receive training on proper wood storage and wood burning practices (if applicable) and device operation and maintenance from the Participating Retailer or licensed Installer.

I hereby certify that I understand the conditions and requirements for participation in the District's Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this agreement. I understand that if any documents are incomplete or falsified, I will be disqualified from the program.

The undersigned represent that they have the authority of their respective parties to execute this Agreement.

Signature Tenant: _____ Date: _____

Printed Name/Title

Signature Owner: _____ Date: _____

Printed Name/Title

Owner's Mailing Address:

Address *City* *State* *Zip Code*