NORTHERN INDIANA WOOD STOVE CHANGEOUT PROGRAM Homoowner/Ruyer Application Form Undated 11/9/2012

Homeowner/Buyer Application Form Updated 11/9/2012 (To be submitted by Participating Retailer along with copy of estimate provided to homeowner)

Date of Application				
Customer Information:				
Name	Phone	Em	ail	
Address	City	County	Zip	
Type of NIPSCO Customer: Gas Only	☐ Electric Only ☐	Gas and Electric □	Not Applicable □	
NIPSCO Customer Account #;	(10 diç	gits)		
 Number of years you have heated with Estimated amount of cords of wood us Age of your old stove: <10 years	sed annually: , 10-20 years 20 - most important and 6 be s wood)	-30 years>30 years eing the least important, Environment cond Aesthetics (Want	s don't know rate the following as the reason you are cerns	
Type of Incentive: Residential General	Voucher Incor	ne Qualified Voucher*		
*Note: Income Qualified Customers must be registered and approved by the Indiana Housing and Community Development Authority before funding can be reserved and verified.				
Estimated Cost of New Appliance (Including Installation): \$ ———————————————————————————————————				
Amount of Voucher being Applied for: \$			•	
(Note: Please attach copy of total estimate provamount of the voucher amount being applied for	ovided to the homeowne		d up to the maximum amount, even if the	
Change-out or Retrofit Information : Change-out ☐ Retrofit ☐ New Chimney Installation Required ☐ (Check only if required)				
	pproximate Age			
Outdoor wood-burning boiler				
Wood-burning stove				
Wood-burning furnace				
Wood-burning fireplace				
Item being replaced with: Model	Make			
Type of Fuel: Wood ☐ Gas ☐	Pellet □	Other		
Participating Retailer:				
Name	Phone	Ema	ail	
The above information is true and accura agent of NiSource, NIPSCO, or the Progra arising from the relationship between my Homeowner Signature;	am Administrators and yself and the Participat	d agree to hold these e ting Retailer and/or the	entities harmless from any dispute	
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RETAILER: Keep the original copy for your records. Send a copy via fax or email to the appropriate Program Administrator to verify eligibility and reserve funding.

General Program Administrator: Meghan.mcnulty@lungin.org fax 317-819-1187 Income Qualified Program Administrator: pbowling@ihcda.in.gov fax 317-232-7778

NORTHERN INDIANA WOOD STOVE CHANGEOUT PROGRAM PARTICIPATING RETAILER CERTIFICATION FORM Updated 11-9-2012

Instructions for Participating Retailer:

- ✓ Please ensure that this Certificate is complete, including all signatures; otherwise it is invalid and no payment will be made.
- Attach color photos (or pdf) of the old hearth appliance and the newly installed appliance.
- ✓ Attach a copy of the customer invoice which must show any retailer and/or manufacturer discounts.
- You must completely clean out (including fire brick and ash) and remove the door of all stoves turned in for recycling, or the Certificate will not be endorsed by the recycler. Unendorsed certificates are invalid.
- ✓ The delivery of the old appliance to a program approved recycling facility is your responsibility.

Information to be completed by Homeowner:				
Name	Phone Email			
Address City_	County Zip			
Type of NIPSCO Service: Gas Only 🗌 Electric Only 🔲 Gas and Electric 🗌 Not Applicable 🔲				
Type of Incentive: General Residential Voucher Income Qualified Voucher				
Voucher Number	Expiration Date			
Name of Participating Retailer:				
Total Cost of New Appliance (Including Installation): \$	Amount Paid by Homeowner: \$			
Amount of Voucher Applied: \$				
Changeout or Retrofit Information: Changeout ☐ Retro	fit ☐ New Chimney Installation Required ☐(Check only if required)			
Item Changed out or Retrofit Make	Model			
Outdoor wood-burning boiler				
Wood-burning stove Wood-burning furnace				
Wood-burning fireplace				
Item being replaced with: Make Model				
Type of Fuel: Wood Gas Pellet	Other			
Location/room from which old appliance was removed:				
instructions on how to use my new appliance. I agree to hol	d by the Participating Retailer and that they have provided me with d NIPSCO, the General Program Administrator, and the Income arising from the relationship between myself, the Participating Retailer			
Homeowner Signature:	Date:			
Information to be filled out by Participatin	ng Retailer and Recycling Facility:			
Name of Installer:				
Installer's Certification or License #	(NFI, CSIA, or RGI I.D.) # No			
Participating Retailer: I hereby certify that the stove identilisted below.	fied above was rendered inoperable and was surrendered to the recycler			
Name of Participating Retailer:				
Signed:				
Recycler: I hereby certify that the stove identified above ha	is been delivered with the doors removed, and will be recycled.			
Name of Recycling Facility:				
Signed: Date:				

RETAILER: Keep the original copy for your records. Send a copy via fax or email to the appropriate Program Administrator no later than one week after all work has been completed.

General Program Administrator: Meghan.mcnulty@lungin.org fax 317-819-1187 Income Qualified Program Administrator: pbowling@ihcda.in.gov fax 317-232-7778