

CHECK BEFORE YOU BURN EXEMPTION REQUEST

Use this form to request an exemption from Section 301 of Sacramento Metropolitan Air Quality Management District Rule 421, *Mandatory Episodic Curtailment of Wood and Other Solid Fuel Burning*. All information submitted with this form will remain confidential to the extent permitted under the Public Records Act (§§ 6250).

1. APPLICANT INFORMATION				
First Name	Last Name	Phone Number	Email Address	
2. PROPERTY ADDRESS				
Street Address		City	Zip	
3. REASON FOR EXEMPTION (COMPLETE ONLY A, B, or C)				
A.	<input type="checkbox"/> My home's heating system is broken, unsafe, or inadequate . Describe the problem with heating system: _____ _____ _____			
	*Attach a recent repair or replacement estimate from a licensed company.			
B.	<input type="checkbox"/> Wood burning is the only source of heat in my home (will be verified with county records and/or inspection).			
C.	<input type="checkbox"/> Financial hardship (only complete financial info and attach financial documents if you are applying for C.) Number of people living in your home including adults and children under 18: _____ Gross Monthly Household Income (total amounts for <i>all people in the household</i>):			
	<input type="checkbox"/> Wages: \$	<input type="checkbox"/> Rental/Royalty Income: \$	<input type="checkbox"/> Scholarship/Grant Money: \$	<input type="checkbox"/> Pensions: \$
	<input type="checkbox"/> Social Security: \$	<input type="checkbox"/> State Disability Insurance: \$	<input type="checkbox"/> Disability/Worker's Comp: \$	<input type="checkbox"/> Unemployment: \$
	<input type="checkbox"/> Other (interest income, cash receipts, etc.): \$		<input type="checkbox"/> Total Gross Monthly Household Income: \$	
	*Attach last paid utility bill(s).			
	**Attach copies of income documentation (paystubs, benefit letters, tax forms, etc.) for everyone living in your home.			
***If applicable, provide additional information on your hardship. For example, medical expenses: _____ _____ _____				
4. DECLARATION AND SIGNATURE				
I certify the information contained in this application is accurate to the best of my knowledge under penalty of perjury under the laws of the State of California. I authorize an inspector from the Sacramento Metropolitan Air Quality Management District to schedule an inspection and inspect my residence to verify these statements:				
Applicant's Signature: _____			Date: _____	