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Chesapeake Local Historic District

FINANCIAL HARDSHIP DETERMINATION APPLICATION INSTRUCTIONS

PURPOSE

A homeowner occupying a housing unit within the district may apply for a financial hardship determination to replace historic material roofs; make temporary alterations, renovations, or repairs; or to demolish the structure.

Even though historic material roofs are key architectural elements of the historic district and should be maintained if at all possible, there are instances when there is no material substitute for a historic material roof, the existing historic material roof is obsolete, and/or the cost of a new like-for-like historic material roof may be higher than that of other comparable existing roof materials such as an asphalt shingle roof. Replacement with a new like-for-like historic material roof may put an undue financial burden on some homeowners in the district.

A financial hardship determination for temporary alterations, renovation, and repairs would follow procedures for the temporary certificate of appropriateness process, which allows applicants, upon approval of the temporary certificate of appropriateness up to one year for temporary changes before a regular certificate of appropriateness is required. However, in some cases an additional year may be granted with the receipt of a new financial hardship determination and approval of a temporary certificate of appropriateness.

Finally, determining a financial hardship to allow for demolition may require other evidence, such as plans for adaptive reuse, in addition to cost of demolition, cost to demolish versus the cost to alter, repair or renovate, and financial documentation.

It should be noted that a financial hardship determination would provide another factor for the Historic and Architectural Review Board and City Council to consider when making recommendations on applications. However, a financial hardship determination would not be the only factor considered. Homeowners should make every attempt to seek and consider competitive bids for “like for like” and substitute historic material roof replacement; “like for like” exterior alterations, renovations, repairs; and to preserve the structure versus demolition. Applications will be reviewed on a case by case basis.

ELIGIBILITY REQUIREMENTS AND SUBMITTAL INFORMATION

1. The applicant must be the homeowner and occupy the structure for which the certificate of appropriateness is sought. The following must be provided:
 - A. A verification letter from the Office of the Real Estate Assessor showing that the applicant owns the property and the current assessed value of the property and improvements.
 - B. Electric or gas bills for the last 3 months.
 - C. Signed affidavit (combined with verification of income affidavit)
2. Applications that include concrete evidence (documentation) of the following situations will be considered:
 - A. **Historic materials roof replacement** - the replacement cost is more than the cost of a new, 30-year architectural shingle asphalt roof or a comparable substitute material.
 1. Two (2) cost estimates to replace the historic material roof with a new historic material roof; the contractor must have experience with historic material roof work and in particular with residential roofs. For metal roofs, quotes shall be based on the 5-V Crimp Panel, 26 gauge. The price quotes shall specify the 5-V Crimp Panel and gauge and the size of the roof in square feet.
 2. Two (2) cost estimates to repair the historic material roof.
 3. Two (2) cost estimates to replace the historic material roof with architectural grade asphalt shingles or a comparable substitute material roof.
 - B. **Temporary exterior alterations, renovations or repairs** - is required to correct a housing code property maintenance violation.
 1. Two (2) cost estimates for external alterations, repairs and renovations.
 - C. **Demolitions** - the alteration, repair, or renovation of the structure is not financially feasible and the structure in its current condition cannot be used for its intended use by the owner. Documentation may also include plans for adaptive reuse.
 1. Two (2) cost estimates for the demolition of the existing structure.
 2. Two (2) cost estimate to alter, repair, or renovate the existing structure.

For each application, the following estimates must be provided from licensed contractors:

These cost estimates shall:

- Be provided in writing on a company letterhead
- Include the name and contact information of estimator with signature
- Itemize the work to be performed (such as if any structural work needs to be performed)
- Include a breakdown for the materials cost and labor
- Include photographs of the roof from inside and outside the house
- Include a signed statement that property owner has no interest in estimators company

3. Income/Wealth documentation:

- A. The current Fiscal Year Income Documentation System chart from HUD for our region, which will vary slightly from year to year, shall be used as one of the factors to determine financial hardship eligibility. This information will be made available to the applicant and the Financial Hardship Committee for evaluation.
- B. Additionally, combined net worth of owners, exclusive of the home in which they reside, cannot exceed \$100,000.
- C. The following allowances can be deducted from total income to meet the \$100,000 threshold:
 - (1) Child care expenses for children under 13 for the purpose of enabling householder to go to work, school, or seek employment (not including tax credits; cost must be out of pocket);
 - (2) Medical expenses for members of household that exceed 3% of the households gross income;
 - (3) Other extenuating circumstances.

Application Process

1. The financial hardship application is due one month prior to the normal deadline for the monthly meeting of the Board of Historic and Architectural Review. This will allow time for the necessary information to be presented to the Financial Hardship Committee. Normally, Board applications are due 10 days prior to the monthly meeting.
2. The Financial Hardship Committee will meet at least one week prior to the normal application deadline to allow sufficient time for staff to prepare the necessary supporting information for the Board. The Financial Hardship Committee will provide a finding to the Board as to whether the applicant meets or does not meet the criteria for a financial hardship. No personal financial information will be provided to the Board.
3. If the applicant decides to appeal the decision of the Board of Historic and Architectural Review, City Council will be provided with the decisions of both the Board and the Financial Hardship committee along with all of the normal application materials. No personal financial information will be provided to City Council.

PERSONAL DECLARATION FORM

Please Print

Name of Head of Household (First, MI, Last): _____

Address: _____

Phone Number(s): Home: _____ **Cell:** _____ **Work:** _____

Household Members:

Provide the following information on all members in your household, including yourself (applicant) first:

Name of Family Member <i>(First, MI, Last)</i>	Relationship	Social Security Number	Date of Birth	Full-time student/ Ed. Level	Disability
1.	Head of Household			Yes No Grade: ____	Yes No
2.				Yes No Grade: ____	Yes No
3.				Yes No Grade: ____	Yes No
4.				Yes No Grade: ____	Yes No
5.				Yes No Grade: ____	Yes No

(For additional household members, please use a separate sheet.)

Income Information: Do you or any other household members receive Employment Income (full-time, part-time, seasonal, temporary)? ___No ___Yes **If yes, provide the following employment information for all employed household members:**

<p>Name of Family Member Employed: _____</p> <p>\$_____ () hourly () weekly () bi-weekly () monthly () semi-monthly () annually</p> <p>Average hrs. worked per week: _____ Employment start date: _____ Title/position: _____</p> <p>Name of Employer: _____ Employer phone no: _____</p> <p>Address of Employer: _____</p>
<p>Name of Family Member Employed: _____</p> <p>\$_____ () hourly () weekly () bi-weekly () monthly () semi-monthly () annually</p> <p>Average hrs. worked per week: _____ Employment start date: _____ Title/position: _____</p> <p>Name of Employer: _____ Employer phone no: _____</p> <p>Address of Employer: _____</p>
<p>Name of Family Member Employed: _____</p> <p>\$_____ () hourly () weekly () bi-weekly () monthly () semi-monthly () annually</p> <p>Average hrs. worked per week: _____ Employment start date: _____ Title/position: _____</p> <p>Name of Employer: _____ Employer phone no: _____</p> <p>Address of Employer: _____</p>

Name of Family Member Employed: _____

\$ _____ () hourly () weekly () bi-weekly () monthly () semi-monthly () annually
 Average hrs. worked per week: _____ Employment start date: _____ Title/position: _____
 Name of Employer: _____ Employer phone no: _____
 Address of Employer: _____

(For additional household members, please use a separate sheet.)

ALLOWANCES:

Do you or any other adult household member pay for child care for a child 12 years of age or younger that enables you or them to work, go to school, or seek employment? () No () Yes
 \$ _____ per _____

ELDERLY, DISABLED & HANDICAPPED HOUSEHOLDS ONLY: Do you have any out-of-pocket medical expenses that are not covered by insurance? () No () Yes, \$ _____ per _____
 Do you have any other disability expense? () No () Yes, \$ _____ per _____

Income (monetary and non-monetary) for all household members must be reported. Check "NO" or "YES" for each income source listed below and provide the amount of gross income received and name of household member(s) receiving the income for each income for each income source checked "YES."

Source of Income	No	Yes	Amt. of Gross Income Received from Income Source	Name Household Member(s) Receiving Source of Income	Comments (don't complete)
Self Employment Income			\$ _____ per _____		
Child Care/babysitting Income			\$ _____ per _____		
Military Pay			\$ _____ per _____		
Social Security Income (SSA/SSI)			\$ _____ per _____		
Public Assistance:			\$ _____ per _____		
Child Support			\$ _____ per _____		
Alimony Income			\$ _____ per _____		
Unemployment/Severance Pay			\$ _____ per _____		
Workers Compensation Income			\$ _____ per _____		
Income from Assets			\$ _____ per _____		
Disability or Death Benefits			\$ _____ per _____		
Pension/Annuity/Retirement Income			\$ _____ per _____		
Insurance Policy Income			\$ _____ per _____		
Regular Contributions or Gifts			\$ _____ per _____		
Rental Income from Property Owned			\$ _____ per _____		
Pell Grant/Training Programs			\$ _____ per _____		
Any other income not mentioned Type:			\$ _____ per _____		

ASSET INFORMATION:

Assets for all household members must be reported. Check "NO" or "YES" for each asset listed below and provide amount of asset value and name of household member(s) to whom the asset belongs for each type of asset checked "YES."

Type of Asset	No	Yes	Name of Bank or Financial Institution	Account Number(s)	Name of Household Member(s) Asset belongs to
Cash					
Checking Account(s)					
Savings Account(s)					
Trust Account(s)					
Stocks, Bonds, etc.					
CD's, Market Acct(s)					
IRA(s), 401(K)Plan, etc.					
Retirement/Pension					
Life Insurance Policies with a Cash Value					
Real Estate Owned					
Any other Asset(s)					

Have you or any household member sold or given away real property or other assets in the past 2 years for less than fair market value? () NO () YES If yes, current market value of the asset \$ _____

Do you own a car or any type of motor vehicle? ? () NO () YES If yes
 Model/Make: _____ Year _____ License Plate # _____

Is there any other information regarding your economic situation that you would like to relay to the Committee?

SUPPORTING DOCUMENTS OF INCOME AND ASSETS

Sources of Household Income

- Wages or income (federal income tax return, W2 forms, 1099 forms)
- Farm Income (Schedule F of income tax return)
- Business Income (Schedule C of income tax return)
- Social Security Income (SSI form from Social Security Administration)
- Civic Service annuity (yearly statement)
- Veterans benefits, pensions, etc.
- Rental income (residential, room and/or board)
- Support payments (alimony, child support, etc.)
- Interest and/or dividends (year-end statements from bank, credit union or financial institution)
- Wages or income of all relatives in your home
- Other income (any income received but not specifically mentioned above)

Sources of Net Worth (Assets)

- Checking and savings account statements showing December 31st balance (from bank, credit union, etc.) of the last year
- Certificates of Deposit, 401K, money market and IRA statements showing December 31st balance of the last year
- Statement of assessed value of all real estate owned in Virginia or in another state
- Statement of assessed value of all vehicles, trailers, mobile homes, boats, etc. owned and located in Virginia or another state.
- Stocks (year-end statement showing value, number of shares, and dividends)
- US Savings Bonds (bond, copy of bond, or bank statement)
- Life insurance policies having cash value (yearly statement)

Other documentation

- Disability Verification (VA letter indicating total and permanent disability, Social Security award letter, Railroad Retirement disability, or notarized disability statements from 2 doctors)
- Death certificate of deceased spouse or other person(s) whose names are listed on the property.

**FINANCIAL HARDSHIP DETERMINATION
APPLICATION FORM**

Applicant (Please print): _____

Address: _____

Date: _____

Accompanying Architectural Review Board/COA application Number _____

Affidavit:

I, _____ (applicant), hereby certify and attest that I am the owner of and that I occupy the structure at _____ (address) in Chesapeake, Virginia as my principal residence. I further certify and attest that the answers given in this financial hardship application and all of the information provided in the supporting documentation are true and correct. I fully understand that if I am submitting this information under false pretenses or misrepresent information contained in these documents, then the finding of financial hardship by the Financial Hardship Committee and the subsequent rulings by the Chesapeake Board of Historic and Architectural Review are null and void. Further, I realize that the City of Chesapeake may, as a result of my misrepresenting information or providing information under false pretenses, take legal action to return the home to the condition it was in prior to the financial hardship determination at my expense, pursue criminal prosecution under Virginia Code Section 18.2-186.2 or any other applicable law or regulation, or pursue any other appropriate legal remedies.

Applicant/Owner:

Signature _____

Printed Name _____

Commonwealth/State of _____

City of _____

Subscribed and sworn to before me this _____ day of _____, 20__

by _____

NOTARY SEAL

NOTARY PUBLIC

Notary Registration No. _____

My Commission expires: _____

**FINANCIAL HARDSHIP DETERMINATION
APPLICATION CHECKLIST**

Please attach and verify that the following information has been provided:

- Completed Personal Declaration form and provide supporting documentation (see list on page 4)
- Letter from the Office of the Real Estate Assessor showing that the applicant owns the property;
- Electric or gas bills for the last 3 months;

A. Historic Material Roof Replacement

- Two (2) cost estimates to replace the historic material roof with a new historic material roof. For new metal roofs, quotes should be based on the 5-V Crimp Panel, 26 gauge (see the Certificate of Appropriateness Application, under historic material roofs.) Roof size should be in square feet.
- Two (2) cost estimates to repair the historic material roof;
- Two (2) cost estimates for a new architectural asphalt shingle roof or a comparable substitute material roof;

B. Temporary exterior alteration, renovation, or repairs

- Two (2) cost estimates for external alterations, repairs and renovations;

C. Demolitions

- Two (2) cost estimates for the demolition of the existing structure;
- Two (2) cost estimates to alter, repair, or renovate existing structure;
- Include exterior photographs of existing structure in need of alteration, repair, renovation or demolition and of the need for roof replacement from inside and outside the house; and
- Cost estimates for the above must:
 - Be provided in writing on a company letterhead;
 - Include the name and contact information of estimator, must be a licensed contractor;

- Be itemized by the work to be performed (such as if any structural work that needs to be performed);
- Include a breakdown between materials cost and labor;