

# Driveway Grant Program

Thank you for your interest in the Driveway Grant Program with Hampton Redevelopment & Housing Authority (The Authority) and the City of Hampton. This grant is for homeowners in Hampton that are affected by the “No Parking on Lawn” Ordinance. To confirm if you are impacted by or exempt from this ordinance, please go to [www.hampton.gov/noparking](http://www.hampton.gov/noparking) or call **311** for assistance.

- A. Your first step is to determine if you are affected by the city ordinance. If you are affected, the order of Priority for this grant will be awarded based upon the following criteria:
  - 1. Single family or duplex property owner where parking is not allowed in the front yard and are at or below 100% of Area Median Income limit. (See chart below)
  - 2. Single family or duplex property owner who lives on a street where on-street parking is not allowed (one or both sides) and are at or below 100% of Area Median Income limit. (See chart below)
  - 3. Single family or duplex property owner or rental property where parking is not allowed in the front yard and are at or above 100% of Area Median Income limit. (See chart below)
  - 4. Single family or duplex property owner or rental property who lives on a street where on-street parking is not allowed (one or both sides) and are at or above 100% of Area Median Income limit. (See chart below)
- B. Maximum grant amount: \$2,250 (based upon the estimated cost to install a gravel ribbon driveway)
- C. Up to an additional \$2,500 may be granted if it is determined a driveway apron is required by City Code.
- D. Grant application must be approved by the Authority prior to a homeowner entering into an agreement with a licensed contractor for the installation of the driveway.
- E. Homeowner is required to find licensed contractor to complete the driveway installation pursuant to The City of Hampton Zoning Ordinance [section 1-34] and any manufacture specifications. City of Hampton requires Driveway Permits before installation can begin. Permits can be obtained at: **Development Services Center 22 Lincoln Street 3<sup>rd</sup> floor Hampton, VA 23669** or <https://hampton.gov/2370/Online-Permits-Inspections-Center>
- F. Homeowner must submit documents required for reimbursement
  - 1. proof of payment in full or receipt
  - 2. contract/quote/ itemized invoice
  - 3. completed W9 by homeowner
- G. Once Documents for reimbursement have been submitted, the City of Hampton will inspect the driveway installation. It's the homeowner's responsibility to contact the City of Hampton for an inspection upon driveway completion
- H. Once Driveway completion has been verified and approved, the homeowner will be reimbursed by **mail** within **45** days.

## 2022 AREA MEDIUM INCOME LIMITS

Persons in household

Percentage	One	Two	Three	Four	Five	Six	Seven	Eight
<b>100%</b>	\$65,450	\$74,800	\$84,150	\$93,500	\$100,980	\$108,460	\$115,940	\$123,420



## Documents Needed

If you have any questions about completing this application, please contact: Tatiana Turner at (757)788-7163 or email [housingcounseling@hamptonrha.com](mailto:housingcounseling@hamptonrha.com). When emailing, please include "Driveway Grant" in the subject line. You can also submit your application with supporting documents by:

**E-Mail (PDF documents only): [housingcounseling@hamptonrha.com](mailto:housingcounseling@hamptonrha.com) or  
Hampton RHA Office Drop Box: 811 W. Pembroke Avenue, Hampton, 23669**

### **Application**

- Completed and signed application
- Completed and signed

### **Household Information**

- Picture I.D. of the homeowner(s)

### **Income Information**

- Verification of Income/Employment for all household members (i.e., paystubs for last 30 days, Social Security award letter)

### **Asset Information**

- Verification of Checking, Savings and Credit Union Accounts for all household members (last TWO (2) months of checking account statements and most recent savings account statement showing current balance **ALL PAGES**)

### **Property Information**

- Proof of payment for Real Estate Taxes & Storm Water Management /or current copy of Tax Exemption Letter
- Proof of Homeowner's and/or Flood Insurance (declarations page)

### **Documents Needed for Reimbursement**

- Driveway Estimate/ Contract from license contractor
- Proof of payment/ Receipt
- W-9 Completed by Homeowner





# Driveway Grant Application

(PLEASE PRINT)

**Applicant:** \_\_\_\_\_  
Last Name First Name Middle

Property Address: \_\_\_\_\_  
Address & Apt # City & State Zip

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  non-Binary Are you disabled?  Yes  No

Are you a Veteran?  Yes  No

## APPLICANT INCOME

### Are you...

- Employed, Full-Time
- Self-employed
- Retired
- Employed, Part-time
- Employed Seasonally
- Other
- Disabled, receiving Benefits
- Unemployed, receiving benefits
- Unemployed, receiving No benefits

Employer: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly employee: \$ \_\_\_\_\_ per hour      How many hours do you work per week? \_\_\_\_\_  
 Salaried Employee \$ \_\_\_\_\_ per year      Social Security: \$ \_\_\_\_\_ per month  
 Disability: \$ \_\_\_\_\_ per month      Pension/ Retirement: \$ \_\_\_\_\_ per month  
 Other: \$ \_\_\_\_\_ per month

**Co- Applicant:** \_\_\_\_\_  
Last Name First Name Middle

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female  non-Binary Are you disabled?  Yes  No Are you a Veteran?  Yes  No

Relationship to applicant: \_\_\_\_\_

## CO-APPLICANT INCOME

### Are you...

- Employed, Full-Time
- Self-employed
- Retired
- Employed, Part-time
- Employed Seasonally
- Other
- Disabled, receiving Benefits
- Unemployed, receiving benefits
- Unemployed, receiving No benefits



Employer: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly employee: \$ \_\_\_\_\_ per hour      How many hours do you work per week? \_\_\_\_\_

Salaried Employee \$ \_\_\_\_\_ per year      Social Security: \$ \_\_\_\_\_ per month

Disability: \$ \_\_\_\_\_ per month      Pension/ Retirement: \$ \_\_\_\_\_ per month

Other: \$ \_\_\_\_\_ per month

### GENERAL DRIVEWAY CONDITIONS

Do you have an existing driveway?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of driveway do you currently have?	<input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Ribbon
Have you been cited for parking on your lawn?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have a driveway apron?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have a curb?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you the Owner or Tenant?	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT
If you are a tenant, do you have owners written Permission to make repairs / modifications to the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I understand that if any of the above information has been intentionally misrepresented, this application may be invalid, making me ineligible for this program. I hereby authorize the Hampton Redevelopment and Housing Authority to make all necessary inquiries for the purpose of verifying the facts stated in this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





# DISCLOSURES

## Client Rights

We pledge that our clients have the right:

- To prompt counseling services for managing money and housing based on their financial situation.
- To treatment with dignity and respect.
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan.
- To express dissatisfaction through a Complaint Resolution Process.
- To discontinue their relationship with our authority at any time.
- To ask questions and to have concerns addressed.
- To use only those services offered through our authority that they feel will serve their needs.

## Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines:

- Step One: Try to resolve the issue with the staff member involved, giving him or her specific information about your complaint.
- Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, write, or call the Program Director at 1 Franklin Street, Suite 603, Hampton, VA 23669, (757) 727-6499.
- Step Three: Authority may request a meeting with you by phone or in person and/or seek information from staff person(s) involved. The authority will respond within 15 days.
- Step Four: If your issue is still unresolved, you may appeal in writing directly to the Executive Director, 1 Franklin Street, Suite 603, Hampton VA 23669, after additional fact finding. This individual will provide a concluding decision to you within 15 days.

## Privacy Disclosure

Only authorized staff have access to confidential information within their department or respective to their job assignments within that department. All staff access and use only the minimum amount of information necessary to accomplish their job duties. Extreme care is taken to ensure all client's right to privacy and confidentiality. All case Notes and client files are maintained in a locked facility. Computer file information is password protected. Information regarding the client's case is not released without written or verbal authorization from the client.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

