

# Historic Architectural Review Commission

## Staff Report Item 13

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<b>Meeting Date:</b>	August 27, 2014
<b>Applicant:</b>	Habitat for Humanity
<b>Application Number:</b>	H14-01-1252
<b>Address:</b>	#1004 Thomas Street
<b>Description of Work:</b>	Replace windows in contributing structure and cbs addition. Economic hardship request.
<b>Building Facts:</b>	The house in review is listed as a contributing resource. The frame vernacular house was built ca. 1933. The house has a cbs addition on its back. Windows have been changed over the time with different types of units. Original wood casement and hung windows are still in two fenestrations. Side and back facades have been altered. Habitat for Humanity is helping the owner in the rehabilitation of her home.
<b>Guidelines and Ordinance Cited in Review:</b>	Windows (pages 29-30), specifically first paragraph and guideline 3.  Economic hardship Ordinance- Section 102-190 of the Land Development Regulations.

### Staff Analysis

The Certificate of Appropriateness in review proposes the removal of existing historic and non-historic windows on the historic portion of the house. The proposal also includes new windows for a non-historic addition located on the back of the house. The proposed replacement is for impact resistant metal windows 2 over 2.

The owner is submitting an economic hardship consideration of substitution of alternative building materials. An economic hardship affidavit has been filed

with required documents. The Ordinance states that the Commission may allow the substitute material. The owner is under Social Security, private pension benefits and her total household income is below 80 percent of the median income for the city which is \$46,160 for one individual living in the house. The difference in value from true divided lights wood windows to aluminum impact units will be \$6,754.84, not including shutters or protection.

**Consistency with the Ordinance for economic hardship**

1. The Commission may allow the substitution of alternative material where the substitute materials are sufficient similar in character so as not to detract from the original character of the historic district.

It is staff's opinion that the owner of the house has proven economic hardship. As a fact new aluminum windows are allowed on non-historic portions of the house, therefore new windows for the cbs addition will be in full compliance with the guidelines.

# **Application**



**CITY OF KEY WEST  
BUILDING DEPARTMENT  
CERTIFICATE OF APPROPRIATENESS 31-2014 011252  
APPLICATION # -**

OWNER'S NAME: ERNESTINE CURRY DATE: 7/31/2014

OWNER'S ADDRESS: 1004 THOMAS ST. PHONE #: 296-9829

APPLICANT'S NAME: HABITAT FOR HUMANITY <sup>OF KEY WEST</sup> LOWER KEYS PHONE #: 294-9006

APPLICANT'S ADDRESS: P.O. Box 5873 KEY WEST, FL. 33045

ADDRESS OF CONSTRUCTION: 1004 THOMAS ST. # OF UNITS: 1

**THERE WILL BE A FINAL INSPECTION REQUIRED UNDER THIS PERMIT**

DETAILED DESCRIPTION OF WORK: REPLACE WINDOWS IN CONTRIBUTING STRUCTURE AND CBS ADDITION.

*Chapter 837.06 F.S.-False Official Statements – Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided for in s. 775.082 or 775.083*

This application for Certificate of Appropriateness must precede applications for building permits, right of way permits, variances, and development review approvals. Applications must meet or exceed the requirements outlined by the Secretary of the Interior's Standards for Rehabilitation and Key West's Historic Architectural Guidelines.

Once completed, the application shall be reviewed by staff for completeness and either approved or scheduled for presentation to the Historic Architectural Review Commission at the next available meeting. The applicant must be present at this meeting. The filing of this application does not ensure approval as submitted.

Applications that do not possess the required Submittals will be considered incomplete and will not be reviewed for approval.

**Required Submittals**

<input type="checkbox"/>	TWO SETS OF SCALED DRAWINGS OF FLOOR PLAN, SITE PLAN AND EXTERIOR ELEVATIONS (for new buildings and additions)
<input type="checkbox"/>	TREE REMOVAL PERMIT (if applicable)
<input checked="" type="checkbox"/>	PHOTOGRAPHS OF EXISTING BUILDING (repairs, rehabs, or expansions)
<input type="checkbox"/>	PHOTOGRAPHS OF ADJACENT BUILDINGS (new buildings and additions)
<input checked="" type="checkbox"/>	ILLUSTRATIONS OF MANUFACTURED PRODUCTS TO BE USED SUCH AS SHUTTERS, DOORS, WINDOWS, PAINT COLOR CHIPS, AND AWNING FABRIC: 1

Do not stamp  
Date: 8/04/14 55 SAM  
2014 1001252  
PT \* BUILDING PERMITS-NEW  
Trans number: 00  
VM VISA/MASTER  
Date: 7/31/14 Time: 17:26:06  
Trans date: 7/31/14 Time: 17:26:06  
Staff Approval: \_\_\_\_\_

Date: July 31, 2014

Applicant's Signature: D. Mark Jones AGENT  
HABITAT FOR HUMANITY OF KEY WEST - LOWER FL. KEYS, INC.

Staff Use Only  
\$100.00  
\$613779  
\$100.00  
Fee Due: \$ \_\_\_\_\_

# HISTORIC ARCHITECTURAL REVIEW COMMISSION USE ONLY

\*\*\*\*\*

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Deferred \_\_\_\_\_

Reason for Deferral or Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HARC Comments:

*House is listed as contributing frame vernacular  
structure built ca. 1938*

*Guidelines for windows*

Limit of Work Approved, Conditions of Approval and/or Suggested  
Changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Historic Architectural  
Review Commission

**Economic Hardship  
Ordinance**

**Key West, Florida, Code of Ordinances >> Subpart B - LAND DEVELOPMENT REGULATIONS >>  
Chapter 102 - HISTORIC PRESERVATION >> ARTICLE IV. - CERTIFICATE OF APPROPRIATENESS >>  
DIVISION 2. ECONOMIC HARDSHIP >>**

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**DIVISION 2. ECONOMIC HARDSHIP**

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Sec. 102-186. Definitions.

Sec. 102-187. Avoidance.

Sec. 102-188. Filing affidavit.

Sec. 102-189. Additional information.

Sec. 102-190. Use of substitute material.

Secs. 102-191—102-215. Reserved.

**Sec. 102-186. Definitions.**

The following words, terms and phrases, when used in this division, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

*Undue economic hardship* means:

- (1) For applicants seeking approval of demolitions under division 3 of this article, an exceptional financial burden that would amount to the taking of property without just compensation or, for properties producing income at the time of application for a certificate of appropriateness, failure to achieve a reasonable economic return as measured against commercial properties of similar nature and location and as expected by market conditions. The evidence and testimony needed to establish an undue economic hardship is specified in sections 102-187 through 102-189
- (2) For applicants seeking approval of substitution of alternative building materials for historic or traditional materials under section 102-190
  - a. For an individual, either the current receipt of assistance through the mayor's revolving loan fund, rental rehabilitation program, or other program which is income-indexed and which provides for physical improvements to the subject property; or the current receipt of fixed income benefits such as social security, AFDC, or private pension benefits, and the applicant's total income is below 80 percent of the median income for the city, all as evidenced by income tax return or affidavit; or
  - b. For a corporation, current tax-exempt status as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code.

*(Ord. No. 97-10, § 1(3-10.3(A)(s)), 7-3-1997)  
Cross reference— Definitions generally, § 1-2.*

**Sec. 102-187. Avoidance.**

If a decision of the historic architectural review commission shall result in undue economic hardship for the property owner, as provided in this article, the historic architectural review

commission shall have authority to determine the existence of such hardship in accordance with the definition of undue economic hardship found in section 102-186.

*(Ord. No. 97-10, § 1(3-10.3(E)(2)(d)(i)), 7-3-1997)*

#### **Sec. 102-188. Filing affidavit.**

When there is a claim of undue economic hardship under this article, the owner shall submit an affidavit affirmed by a notary public to the historic architectural review commission at least 15 days prior to the public hearing, which certifies that the applicant meets one of the following criteria for undue economic hardship:

- (1) Currently receives fixed income benefits such as social security, aid to families with dependent children, or private pension benefits and that the total household income is below 80 percent of the median income for the city;
- (2) Currently receives assistance through the mayor's revolving loan fund, rental rehabilitation program, or other program which is income-indexed and which provides for physical improvements to the subject property; or
- (3) The applicant corporation currently has tax-exempt status as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code.

*(Ord. No. 97-10, § 1(3-10.3(E)(2)(d)(ii)), 7-3-1997)*

#### **Sec. 102-189. Additional information.**

The historic architectural review commission may require that an applicant furnish such additional information as the historic architectural review commission believes is relevant to its determination of undue economic hardship and may provide, in appropriate instances, that such additional information be furnished under seal. If any of the required information is not reasonably available to the applicant and cannot be obtained by the applicant, the applicant shall file with his affidavit a statement of the information which cannot be obtained and shall describe the reasons why such information cannot be obtained.

*(Ord. No. 97-10, § 1(3-10.3(E)(2)(d)(ii)), 7-3-1997)*

#### **Sec. 102-190. Use of substitute material.**

In cases of undue economic hardship of the applicant, as defined in section 102-186, the historic architectural review commission may allow the substitution of alternative construction materials for historic or traditional materials where the substitute materials are sufficiently similar in character to such historic or traditional materials so as not to detract from the original character of the historic district.

*(Ord. No. 97-10, § 1(3-10.3(E)(1)(g)), 7-3-1997)*

#### **Secs. 102-191—102-215. Reserved.**



# **Economic Hardship Affidavit**

**HISTORIC ARCHITECTURAL REVIEW COMMISSION  
CITY OF KEY WEST**

**AFFIDAVIT  
QUALIFICATION FOR ECONOMIC HARDSHIP CONSIDERATION  
FOR**

**APPLICANTS SEEKING APPROVAL OF SUBSTITUTION OF ALTERNATIVE  
BUILDING MATERIALS FOR HISTORIC OR TRADITIONAL MATERIALS  
UNDER SECTION 102-190**

Page 1 of 2

Pursuant to the intent of Chapter 102- Historic Preservation- Division 2 Economic Hardship of the City of Key West Code of Ordinances, this affidavit is required from owners of buildings located in any of the following areas:

- (1) In the historic preservation districts of the city;
- (2) In tidal waters contiguous to and within 600 feet of the historic preservation districts;
- (3) In a location so as to directly affect any building, structure or property listed in the city historic sites survey as may be amended from time to time and the National Register of Historic Places; or
- (4) Within a building, structure, archaeological site or district classified as contributing on the city historic preservation survey.

Owners within the preceding areas who seek relief from potential economic hardship resulting from application of the Architectural Design Guidelines of the City of Key West shall use this affidavit affirmed by a notary public and return it at least fifteen days prior to the historic architectural review commission public hearing where the request will be reviewed. The Historic Architectural Review Commission **may** allow the substitution material.

**Part I**

**Applicant's information**

Applicant's name (s): ERNESTINE CURRY

Applicant's address: 1004 THOMAS ST.  
KEY WEST, FL 33040

Phone number: (305) 296-9829

**Proposed project address**

1004 THOMAS ST.

**Part II**

**Proposed project information**

**Certificate of Appropriateness number**

**Material or product substitution proposed:**

METAL IMPACT 3/2 SENTINEL / CGI WINDOWS

**Material or product required by the Architectural Design Guidelines of the City of Key West:**

WOOD TRUE DIVIDED LIGHT WINDOWS (PLUS WOOD OR OTHER STORM SHUTTERS)

**Approximate cost difference or amount of savings:**

\$6754.89 (NOT INCLUDING SHUTTERS)



HISTORIC ARCHITECTURE REVIEW COMMISSION  
CITY OF KEY WEST

AFFIDAVIT  
QUALIFICATION FOR ECONOMIC HARDSHIP CONSIDERATION FOR  
APPLICANTS SEEKING APPROVAL OF SUBSTITUTION OF ALTERNATIVE  
BUILDING MATERIALS FOR HISTORIC OR TRADITIONAL MATERIALS  
UNDER SECTION 102-190

Page 2 of 2

Part III

Personal statement

The applicant must comply with one of these three categories

I ERNESTINE CURRY certify that I meet **one or more** of the following criteria for undue economic hardship as defined in Section 102-186 (2) of the City of Key West Code of Ordinances.

Please select all applicable criteria

- (1) I am currently receiving fixed income benefits such as;
  - a. Social Security
  - b. Aid to families with dependent children
  - c. Private pension benefits
- and** my total household income is below 80 percent of the median income for the city.

OR \_\_\_\_\_(2) I am currently receiving assistance through one the following;

- \_\_\_\_\_ a. The Mayor's revolving loan fund
- \_\_\_\_\_ b. Rental rehabilitation program
- \_\_\_\_\_ c. Other program which is income-indexed and which provides for physical improvements to the subject property-Name of the program \_\_\_\_\_

OR \_\_\_\_\_(3) My corporation currently has tax-exempt status as a nonprofit corporation under section 501(c)(3) of the Internal Revenue Code

As part of this affidavit I am **submitting documentary evidence of assistance received** of the applicable criteria for which I am requesting an undue economic hardship. **This affidavit consists of three parts**, applicant's information, proposed project information and personal statement, all of them filled; and \_\_\_\_\_ (number of documents) described as 2011 TAX RETURN; QUOTE FOR METAL IMPACT + WOOD WINDOWS (title of document (s)), attached as proof of evidence.

X Ernestine Curry  
Applicant's Signature

X 5-21-14<sup>ASUM</sup>  
Date

STATE OF Florida  
COUNTY OF Monroe

SWORN AND SUBSCRIBED before me this 21 day of May, 2014<sup>ASUM</sup>,  
by Ernestine Curry Personally known  
or produced \_\_\_\_\_ as identification.

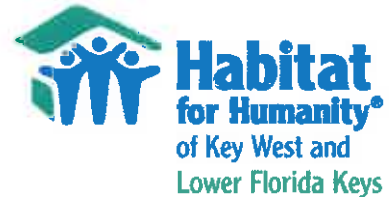
Notary Public State of Florida

Notary Signature ASM Symington  
Printed Name ANNA SYMINGTON  
Commission number EE 184361

Seal:



## **Supportive Documents**



**Board of Directors**

Debbie Swift, President  
Dan Metzler, VP  
David Kolhagen, Treasurer  
Warren Leamard, Secretary  
Steve Schievelbein  
Mary Turner  
Gary Walwer

Mark Moss,  
Executive Director

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Bill Braden  
Michael Browning  
Billy Davis  
Patricia Eables  
Rich Fielder  
Fred & Sue Hildebrandt  
Laurie McChesney  
George Neugent  
Janice Nicowski  
Richard Fuente  
Rev. Phil Smedstad  
Toni Smith  
Alan Teitelbaum  
Owen Trepanier  
Pastor Ruben Velasco  
Tevis Wernicoff  
Don Whitehead  
Donna Windle  
Liz Young

**Administrative Office**

2409 N. Roosevelt, #15  
Key West, FL 33040

**Mailing Address**

P.O. Box 5873  
Key West, FL 33045

Tel : 305-294-9006  
Fax : 815-550-8863  
www.habitatlowerkeys.org



30320 Overseas Highway  
Big Pine Key, FL 33043  
Tel: 305-872-2883

Dear Members of the HARC,

Re: Mrs. Ernestine Curry, owner 1004 Thomas St.  
Economic Hardship Consideration –Seeking approval of Substitution Materials  
Proposed Window replacement project  
Tax Increment Funding of Habitat’s Repair Program –A Brush w/ Kindness

Habitat for Humanity of Key West and the Lower Florida Keys, Inc. (Habitat) is the applicant in this request. Mrs. Curry is the owner of this home. It is a contributing structure in the Historic District. She and her husband purchased this home 40 years ago. They raised four children here. Mr. Curry worked for 39 years at the Navy Yard. He passed away in 2011. Mrs. Curry retired in 1992 after working many years in the GED program at Key West High School.


Habitat has worked with Mrs. Curry to paint the exterior of her home and to repair her metal roof. The home’s original windows were replaced some time ago with jalousie windows which are in desperate need of replacement. Many of the sills are rotted. This project includes the replacement of the newer vinyl windows on the front façade and the driveway side (south) front BR windows. Also proposed to be replaced are the metal awning windows in the CBS addition.

The funds for this work originate from the Bahama Village Community Redevelopment Area’s tax increment funding; from the grant made to Habitat’s repair program for senior homeowners. Habitat acts the contractor, leveraging its volunteer model to make the critical home repairs necessary for seniors to age in place.

Attached are the financial documents Habitat obtained from Mrs. Curry in 2011 when she qualified for the repair program. She lives on a fixed income of a pension and social security. The threshold for seeking an economic hardship is 80% of area median income. As you can see, this household’s income is around 50% AMI. We have not provided newer financial documents as her profile is the same as two years ago.

The quote for true divided wood windows in a 2 over 2 style for this home is \$16,289.00. Subtracting out the 5 windows in the CBS addition leaves a total of \$11,730 for the windows in the contributing structure. The requested substitution material, metal 2/2 impact (Sentinel Series 110 Single Hung) white with clear glass, for the same openings is \$4975.16. The approximate cost savings between the required material (\$11,730) and the proposed substitute (\$4975.16) is \$6754.84.

Sincerely yours,

  
Mark Moss  
Executive Director

  
Mrs. Ernestine Curry  
Homeowner



Date of Review: 4/18/2012  
 Name(s): Curry, Ernestine  
 Family Size: 1

Instructions: Fill in blue cells only	Maximum Income 80% AMI	Applicant Current Annual Income
	\$46,250	\$32,628

2012 Income Guidelines	
1 person	\$46,250
2 people	\$52,850
3 people	\$59,450
4 people	\$66,050

Income Calculation	
Applicant Name:	
Prior Year W-2 AGI from Taxes 2011	\$22,281 *
Average Monthly Salary Income	\$0
SSI Benefits	\$775 \$9,312
Florida Retirement Benefits	\$238 \$2,856
Survivor Annuity Benefits	\$1,649 \$19,788
Keys Federal Credit Union (IRA)	\$56 \$672
Current Monthly Income	\$2,719
<b>Annual Income:</b>	<b>\$32,628</b> \$32,628

\* NOTE: not all income taxable and therefore is not computed into AGI

Co-Applicant Name: N/A	
Prior Year W-2 AGI from Taxes 2011	
Average Monthly Salary Income	
SSI Benefits	
Retirement Benefits	
Other	
Current Monthly Income	\$0
<b>Annual Income:</b>	<b>\$0</b>

TOTAL Current Monthly Income	\$2,719
<b>TOTAL Current Annual Salary</b>	<b>\$32,628</b>

OR		
Non-Salaried Borrowers:	Tax Year 2010	Tax Year 2011
Wages:	\$0.00	\$0.00
Interest:	\$0.00	\$0.00
Dividends:	\$0.00	\$0.00
Business Income (Sch C):	\$0.00	\$0.00
Depreciation:	\$0.00	\$0.00
Interest:	\$0.00	\$0.00
Net- Rental Income (Sch E):	\$0.00	\$0.00
Depreciation:	\$0.00	\$0.00
Interest:	\$0.00	\$0.00
Net-S Corp and Partnerships (Sch E)	\$0.00	\$0.00
Depreciation:	\$0.00	\$0.00
Interest:	\$0.00	\$0.00
Social Security Benefits:	\$0.00	\$0.00
Total Income:	\$0.00	\$0.00
2 Years Monthly Average: (or last year if lesser)	\$0	

For the year Jan. 1 to Dec. 31, 2011, or other tax year beginning 2011 ending 20 See separate instructions.

Your first name and initial ERNESTINE CURRY Last name Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. 1004 THOMAS STREET Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). KEY WEST FL 33040- Presidential Election Campaign

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax refund.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here.  4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.  5  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit (see instr.)  
 Boxes checked on 6a and 6b No. of children on 6c who:  
 \* lived with you 1  
 \* did not live with you due to divorce or separation (see instr.) 0  
 Dependents on 6c not entered above 0  
 Add numbers on lines above 1  
 d Total number of exemptions claimed

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  
 8a Taxable interest. Attach Schedule B if required 8a  
 b Tax-exempt interest. Do not include on line 8a 8b  
 9a Ordinary dividends. Attach Schedule B if required 9a  
 b Qualified dividends 9b  
 10 Taxable refunds, credits, or offsets of state and local income taxes 10  
 11 Alimony received 11  
 12 Business income or (loss). Attach Schedule C or C-EZ 12  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13  
 14 Other gains or (losses). Attach Form 4797 14  
 15a IRA distributions 15a b Taxable amount 15b 672.  
 16a Pensions and annuities 16a 22,645. b Taxable amount 16b 20,966.  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
 18 Farm income or (loss). Attach Schedule F 18  
 19 Unemployment compensation 19  
 20a Social security benefits 20a 9,295. b Taxable amount 20b 643.  
 21 Other income. List type and amount (see instr.) 21  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 22,281.

**Adjusted Gross Income**  
 23 Educator expenses 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24  
 25 Health savings account deduction. Attach Form 8889 25  
 26 Moving expenses. Attach Form 3903 26  
 27 Deductible part of self-employment tax. Attach Schedule SE 27  
 28 Self-employed SEP, SIMPLE, and qualified plans 28  
 29 Self-employed health insurance deduction 29  
 30 Penalty on early withdrawal of savings 30  
 31a Alimony paid b Recipient's SSN 31a  
 32 IRA deduction 32  
 33 Student loan interest deduction 33  
 34 Tuition and fees. Attach Form 8917 34  
 35 Domestic production activities deduction. Attach Form 8905 35  
 36 Add lines 23 through 35 36  
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 22,281.



Tax and Credits 38 Amount from line 37 (adjusted gross income) 38 22,281.

39a Check [X] You were born before Jan. 2, 1947, [ ] Blind. Total boxes checked 39a 1. If [ ] Spouse was born before Jan. 2, 1947, [ ] Blind. 39b [ ]

Standard Deduction for: People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,800. Married filing jointly or Qualifying widow(er), \$11,600. Head of household, \$8,500.

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 7,250.

41 Subtract line 40 from line 38 41 15,031.

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 11,331.

44 TAX (see instructions) Check if any tax(s) from: a [ ] Form(s) 9914 b [ ] Form 4972 c [ ] 962 election 44 1,274.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 1,274.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] 53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 1,274.

Other Taxes 56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 1,274.

Payments 62 Federal income tax withheld from Forms W-2 and 1099 62 1,207. FORM 1099

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) NO 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812. 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a [ ] 2430 b [ ] 9839 c [ ] 8304 d [ ] 6825 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 1,207.

Refund 73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a

b Routing number c Type: [ ] Checking [ ] Savings

d Account number 75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe 76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst. 76 67.

77 Estimated tax penalty (see instructions) 77

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] Yes. Complete below. [X] No

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation Daytime phone number Spouse's signature, if a joint return both must sign Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer's Use Only Print/Type preparer's name Preparer's signature Date Check self-employed [ ] PTIN 332055901 Firm's name HARP TAX-AIDE Firm's EIN Firm's address HARVEY GOVERNMENT CENTER KEY WEST FL 33040 Phone no.



# 2011 Form 1040-V

Department of the Treasury  
Internal Revenue Service

## What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2011 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

## How To Fill In Form 1040-V

- Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.
- Line 2. If you are filing a joint return, enter the SSN shown second on your return.
- Line 3. Enter the amount you are paying by check or money order.
- Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

## How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.

- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2011 Form 1040," "2011 Form 1040A," or "2011 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX-" or "\$ XXX xx/100").

## How To Send In Your 2011 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2011 tax return, payment, and Form 1040-V to the address shown on page 2 that applies to you.

US1040V1

BCA

Form 1040-V (2011)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury  
Internal Revenue Service

2011

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	Dollars	Cents
		57.

1045

ERNESTINE CURRY  
1004 THOMAS STREET  
KEY WEST FL 33040-

PO BOX 1214  
Charlotte NC 28201-1214

264386308 QX CURR 30 0 201112 610

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records. See instructions.

2011

Declaration Control Number (DCN) ▶ 65629420120610000118

Taxpayer's name  
ERNESTINE CURRY

Social security number  
[REDACTED]

Spouse's name

Spouse's social security number

**Part I Tax Return Information-Tax Year Ending December 31, 2011** (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 39; Form 1040A, line 22; Form 1040EZ, line 4)	1	22,281.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	1,274.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	1,207.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	67.

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize S32055901 AARE TAX-AIDE

ERO firm name

to enter or generate my PIN

98765

Enter five numbers, but do not enter all zeros

as my signature on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_

Date ▶ 02/23/2012

Spouse's PIN: check one box only

I authorize

ERO firm name

to enter or generate my PIN

Enter five numbers, but do not enter all zeros

as my signature on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only-continue below**

**Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

65629498765

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 02/23/2012

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2011)

**PAID BY** OFFICE OF PERSONNEL MANAGEMENT  
RETIREMENT OPERATIONS  
P.O. BOX 45  
BOYERS, PA 16017-0045

**STATEMENT OF SURVIVOR ANNUITY PAID**  
Copy B - File with Federal tax return

OMB No. 1545-0045  
Form 1099-R  
Distribution From  
Pension, Annuity,  
Retirement or Profit  
Sharing Plans, IRAs,  
Insurance Contracts, etc.

**2011**

Form CSF 1099-R (Rev. 1/2012)  
This information is being furnished to the Department of Treasury - Internal Revenue Service.

PAYER's Federal Identification <b>52-6083699</b>	Recipient's ID No. (Survivor) [REDACTED]	Account number (Retirement Claim No.) CS F2982845W
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums 2234.06	<b>PAID TO</b> → ERNESTINE P CURRY 1004 THOMAS ST KEY WEST, FL 33040-7515	
7. Distribution Code(s) <b>4-DEATH-BENEFIT</b>		
9b. Total Employee Contributions 33576.00		

1. Gross distribution 19788.00
2a. Taxable amount UNKNOWN
4. Federal Income Tax Withheld 1140.40
State 1 12. State Income Tax Withheld NONE
State 2 12. State Income Tax Withheld NONE

To separate, tear on perforation

**PAID BY** OFFICE OF PERSONNEL MANAGEMENT  
RETIREMENT OPERATIONS  
P.O. BOX 45  
BOYERS, PA 16017-0045

**STATEMENT OF SURVIVOR ANNUITY PAID**  
Copy 2 - To be filed with annuitant's  
state or local return

OMB No. 1545-0045  
Form 1099-R  
Distribution From  
Pension, Annuity,  
Retirement or Profit  
Sharing Plans, IRAs,  
Insurance Contracts, etc.

**2011**

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To separate, tear on perforation

OFFICE OF PERSONNEL MANAGEMENT  
RETIREMENT OPERATIONS  
P.O. BOX 45  
BOYERS, PA 16017-0045

**STATEMENT OF SURVIVOR ANNUITY PAID**  
Copy C - For annuitant's records.  
This information is being furnished  
to the U.S. Internal Revenue

OMB No. 1545-0045  
Form 1099-R  
Distribution From  
Pension, Annuity,  
Retirement or Profit  
Sharing Plans, IRAs,  
Insurance Contracts, etc.

**2011**

Form CSF 1099-R (Rev. 1/2012)  
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2a. Taxable amount UNKNOWN
4. Federal Income Tax Withheld 1140.40
State 1 12. State Income Tax Withheld NONE
State 2 12. State Income Tax Withheld NONE

To separate, tear on perforation

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code <b>STATE OF FLORIDA DEPARTMENT OF MANAGEMENT SERVICES DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000</b>		<b>1</b> Gross distribution \$ <b>2,857.32</b>	OMB No. 1545-0047 <b>2011</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
PAYER'S federal identification number <b>59-1354377</b>		<b>2a</b> Taxable amount \$ <b>2,857.32</b>	<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S identification number [REDACTED]		<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$ <b>0.00</b>		<b>Copy B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name <b>ERNESTINE P CURRY 1004 THOMAS ST KEY WEST, FL 33040-7515</b>		<b>5</b> Employee contributions \$ <b>0.00</b>	<b>6</b> Net unrealized appreciation in employer's securities \$		
		<b>7</b> Distribution code(s) <b>7</b>	<b>8</b> Other \$	<b>9a</b> Your percentage of total distribution %	
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib.	<b>12</b> State tax withheld \$	<b>13</b> State/Payer's state no.	<b>14</b> State distribution \$	
Account number (see instructions) <b>264-38-6308</b>		<b>15</b> Local tax withheld \$	<b>16</b> Name of locality	<b>17</b> Local distribution \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code <b>STATE OF FLORIDA DEPARTMENT OF MANAGEMENT SERVICES DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000</b>		<b>1</b> Gross distribution \$ <b>2,857.32</b>	OMB No. 1545-0047 <b>2011</b> Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
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RECIPIENT'S identification number [REDACTED]		<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$ <b>0.00</b>		<b>Copy C</b> For Recipient's Records  This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name <b>ERNESTINE P CURRY 1004 THOMAS ST KEY WEST, FL 33040-7515</b>		<b>5</b> Employee contributions \$ <b>0.00</b>	<b>6</b> Net unrealized appreciation in employer's securities \$		
		<b>7</b> Distribution code(s) <b>7</b>	<b>8</b> Other \$	<b>9a</b> Your percentage of total distribution %	
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib.	<b>12</b> State tax withheld \$	<b>13</b> State/Payer's state no.	<b>14</b> State distribution \$	
Account number (see instructions) <b>264-38-6308</b>		<b>15</b> Local tax withheld \$	<b>16</b> Name of locality	<b>17</b> Local distribution \$	

Form **1099-R**

(Keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  KEYS FEDERAL CREDIT UNION PO BOX 1898 KEY WEST FL 33041 305-294 6622		1 Gross distribution \$ 672.08	OMB No. 1545-0119  <b>2011</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 672.08	Form 1099-R		
PAYER'S federal identification number 590650055		RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, Street address (including apt. no.), City, state and ZIP code  090037 ERNESTINE CURRY 1004 THOMAS ST KEY WEST FL 33040		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 67.21	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions) 417132A1		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form 1099-R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  KEYS FEDERAL CREDIT UNION PO BOX 1898 KEY WEST FL 33041 305-294-6622		1 Gross distribution \$ 672.08	OMB No. 1545-0119  <b>2011</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 672.08	Form 1099-R		
PAYER'S federal identification number 590650055		RECIPIENT'S identification number [REDACTED]	2b Taxable amount not determined <input checked="" type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>	
RECIPIENT'S name, Street address (including apt. no.), City, state and ZIP code  090037 ERNESTINE CURRY 1004 THOMAS ST KEY WEST FL 33040		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 67.21	Copy C For Recipient's Records	
		5 Employee contributions /Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions) 417132A1		15 Local tax withheld \$	16 Name of locality	16 Local distribution \$	

Form 1099-R

Department of the Treasury - Internal Revenue Service

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 2011

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

Box 1 Name <b>ERNESTINE CURRY</b>		Box 2 Beneficiary's Social Security Number <b>[REDACTED]</b>																		
Box 3 Benefits Paid in 2011 <b>\$9,316.80</b>	Box 4 Benefits Repaid to SSA in 2011 <b>\$22.00</b>	Box 5 Net Benefits for 2011 (Box 3 minus Box 4) <b>\$9,294.80</b>																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">DESCRIPTION OF AMOUNT IN BOX 3</th> <th style="text-align: right; border-bottom: 1px solid black;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Paid by check or direct deposit</td> <td style="text-align: right;">\$7,058.00</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right;">\$1,320.80</td> </tr> <tr> <td>Deductions for work or other adjustments</td> <td style="text-align: right;">\$22.00</td> </tr> <tr> <td><b>Total Additions</b></td> <td style="text-align: right;"><b>\$9,316.80</b></td> </tr> <tr> <td><b>Benefits for 2011</b></td> <td style="text-align: right;"><b>\$9,316.80</b></td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3	AMOUNT	Paid by check or direct deposit	\$7,058.00	Medicare Part B premiums deducted from your benefits	\$1,320.80	Deductions for work or other adjustments	\$22.00	<b>Total Additions</b>	<b>\$9,316.80</b>	<b>Benefits for 2011</b>	<b>\$9,316.80</b>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">DESCRIPTION OF AMOUNT IN BOX 4</th> <th style="text-align: right; border-bottom: 1px solid black;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Deductions for work or other adjustments</td> <td style="text-align: right;">\$22.00</td> </tr> <tr> <td>Benefits repaid to SSA in 2011</td> <td style="text-align: right;">\$22.00</td> </tr> </tbody> </table>	DESCRIPTION OF AMOUNT IN BOX 4	AMOUNT	Deductions for work or other adjustments	\$22.00	Benefits repaid to SSA in 2011	\$22.00
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<b>Benefits for 2011</b>	<b>\$9,316.80</b>																			
DESCRIPTION OF AMOUNT IN BOX 4	AMOUNT																			
Deductions for work or other adjustments	\$22.00																			
Benefits repaid to SSA in 2011	\$22.00																			
		Box 6 Voluntary Federal Income Tax Withheld <b>NONE</b>																		
		Box 7 Address <b>ERNESTINE CURRY 1004 THOMAS ST KEY WEST FL 33040-7515</b>																		
		Box 8 Claim Number (Use this number if you need to contact SSA.) <b>204 38-6308A</b>																		

02040999A-11/04/SSA/101

## UNIT SUMMARY

The following is a schedule of the windows and doors for this project. For additional unit details, please see Line Item Quotes.

Additional charges, tax or Terms and Conditions may apply. Detail pricing is per unit.

NUMBER OF LINES: 12		TOTAL UNIT QTY: 17		EXT NET PRICE: USD 16,289.00		
LINE	MARK UNIT	BRAND	ITEM	NET PRICE	QTY	EXTENDED NET PRICE
1	win 1 twin	Marvin	Wood Marvin Assembly RO 71 3/4" X 57 1/2" Entered as Size by Units	1,644.00	1	1,644.00
2	win 2	Marvin	Wood Ultimate Double Hung CN 3024 RO 36 3/8" X 57 1/2" Entered as CN 30 X 24	837.00	1	837.00
3	win 3 twin	Marvin	Wood Marvin Assembly RO 67 3/4" X 57 1/2" Entered as Size by Units	1,581.00	1	1,581.00
4	win 4	Marvin	Wood Ultimate Double Hung CN 2424 RO 30 3/8" X 57 1/2" Entered as CN 24 X 24	770.00	1	770.00
5	win 5	Marvin	Wood Ultimate Double Hung CN 3612 RO 42 3/8" X 33 1/2" Entered as CN 36 X 12	717.00	1	717.00
6	win 6 & 7	Marvin	Wood Ultimate Double Hung CN 3618 RO 42 3/8" X 45 1/2" Entered as CN 36 X 18	770.00	2	1,540.00
7	win 8-9-10-11	Marvin	Wood Ultimate Double Hung CN 3020 RO 36 3/8" X 49 1/2" Entered as CN 30 X 20	770.00	4	3,080.00
8	win 12	Marvin	Wood Ultimate Double Hung CN 2624 RO 32 3/8" X 57 1/2" Entered as CN 26 X 24	805.00	1	805.00
9	win 13	Marvin	Wood Ultimate Double Hung CN 2624 RO 32 3/8" X 57 1/2" Entered as CN 26 X 24	805.00	1	805.00
10	win 14	Marvin	Wood Ultimate Double Hung CN 2016 RO 26 3/8" X 41 1/2" Entered as CN 20 X 16	680.00	1	680.00
11	win 15-16 twin	Marvin	Wood Marvin Assembly RO 63 3/4" X 57 1/2" Entered as Size by Units	1,581.00	2	3,162.00
12	win 17	Marvin	Wood Ultimate Double Hung CN 2012 RO 26 3/8" X 33 1/2" Entered as CN 20 X 12	668.00	1	668.00

*4559.00* {  
*CBS Addition*

# 1004 thomas st habitat

Quote #: 4JRP2CQ

A Proposal for Window and Door Products prepared for:

**Shipping Address:**

MANLEY DEBOER LUMBER  
1109 EATON ST  
KEY WEST, FL 33040-6926

ZACK NICHOLS  
MANLEY DEBOER LUMBER  
1109 EATON ST  
KEY WEST, FL 33040-6926  
Phone: (305) 294-5900  
Fax: (305) 294-4577  
Email: zack@manleydeboer.com

This report was generated on 7/30/2014 3:29:11 PM using the Marvin Order Management System, version 0001.19.01 (Current). Price in USD. Unit availability and price are subject to change. Dealer terms and conditions may apply.

## Featuring products from:







10100 NW 25th Street  
Miami, FL 33172  
www.cgiwindows.com

# DETAILED CUSTOMER PROPOSAL

Quote Number: 184327

Quote Name: thomas st

Project Name: Habutat for Humanity

Saved Date: 7/10/2014 5:54:15 AM

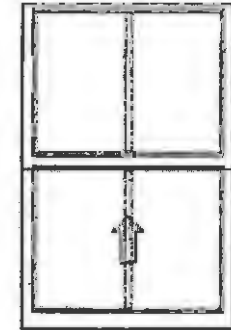
Sales Person: Zack Nichols

Dealer Information:	Customer Information:	Job Address:
<b>Manley deBoer Lumber Company</b> 1109 Eaton Street Key West, FL 33040 <b>P: 305-294-5900 F: 305-294-4577</b>	P: F:	<b>1009 THOMAS</b>

Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
100-1	2	Series 110 Single Hung	36" X 55"	win 1 twin	+75/-75	\$360.00	\$720.00

36" x 55"

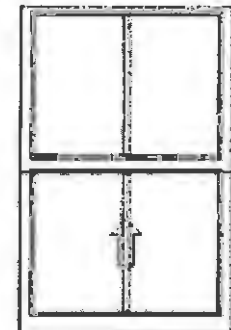
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Equal Leg with Fin Adaptor, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Make-up (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
200-1	1	Series 110 Single Hung	36" X 55"	win 2	+75/-75	\$360.00	\$360.00

36" x 55"

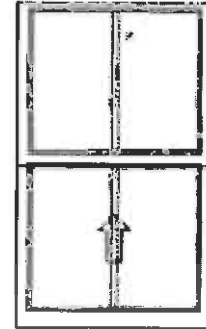
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
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Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
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33" x 55"

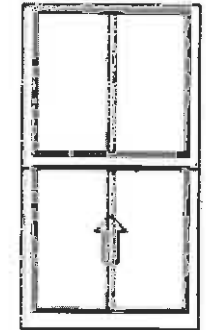
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 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Equal Leg with Fin Adaptor, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
400-1	1	Series 110 Single Hung	30" X 55"	win 4	+75/-75	\$320.55	\$320.55

30" x 55"

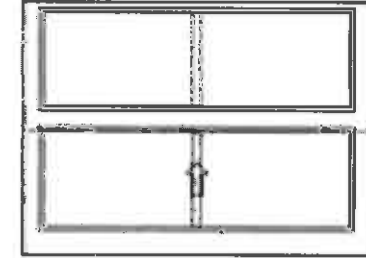
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Equal Leg with Fin Adaptor, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
500-1	1	Series 110 Single Hung	41" X 30"	win 5	+75/-75	\$298.72	\$298.72

41" x 30"

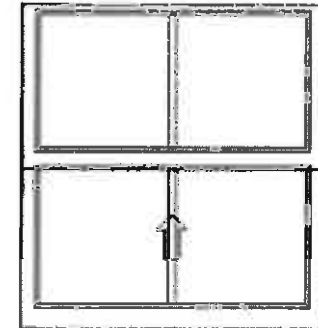
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Equal Leg with Fin Adaptor, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
600-1	1	Series 110 Single Hung	41" X 44"	win 6	+75/-75	\$382.00	\$382.00

41" x 44"

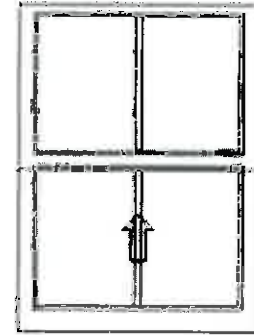
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Equal Leg with Fin Adaptor, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
700-1	4	Series 110 Single Hung	37" X 50.625"	win 8-9-10-11	+75/-75	\$320.63	\$1,282.52

37" x 50 5/8"

Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Flange Frame, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H

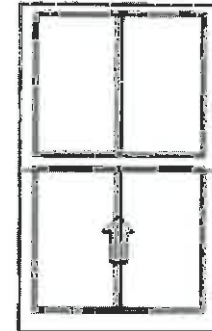


CBS

Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
800-1	2	Series 110 Single Hung	34" X 56"	win 12-13 twin	+75/-75	\$360.00	\$720.00

34" x 56"

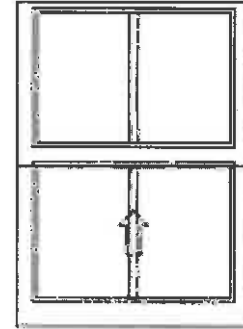
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Flange Frame, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
900-1	1	Series 110 Single Hung	28" X 39"	win 14	+75/-75	\$284.02	\$284.02

28" x 39"

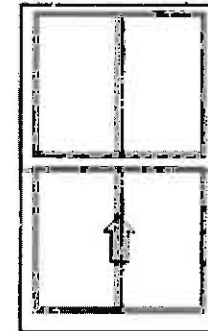
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 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Equal Leg with Fin Adaptor, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
1000-1	2	Series 110 Single Hung	34" X 56"	win 15-16 twin	+75/-75	\$360.00	\$720.00

34" x 56"

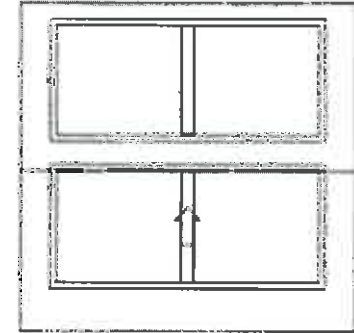
Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 2  
 U-Factor = 1.04, SHGC = 0.59, VT = 0.66, CR = 15  
 Frame Type = Flange Frame, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



Line	Qty	Product	Size	Room Location	Design Pressure	Unit Price	Total Price
1100-1	1	Series 110 Single Hung	26.5" X 26"	win 17 privacy	+75/-75	\$190.51	\$190.51

26 1/2" x 26"

Glass Make-Up = 5/16" Lami (Ann/Ann)  
 Glass Color = Clear, White Interlayer = Yes, Textured Glass = None  
 Aluminum Finish = White ESP  
 Screen Option = With Screen  
 Hardware Finish = White, Sweep Locks? = No, Number of Locks = 1  
 U-Factor = 1.04, SHGC = 0.45, VT = 0.36, CR = 15  
 Frame Type = Flange Frame, Glazing Bead = Square Bead  
 Double Applied, Colonial, Bar Width = 1", Profile Makeup (Exterior / Interior) = Semi-Contoured / Low Profile, 2W1H



CBS

**Disclaimer:**

*SPECIAL ORDERS MAY NOT BE RETURNED, EXCHANGED, OR CANCELLED. Special Orders REQUIRE a 50% deposit at the time the order is placed, the balance will be due at the time Manley deBoer receives the material. We cannot be responsible for delays in manufacturing and/or transportation. Our delivery time estimates are approximate and contingent upon the promises of others. UPON ARRIVAL, ALL SPECIAL ORDERS MUST BE PICKED UP OR DELIVERED WITHIN TWELVE (12) WORKING DAYS. I acknowledge and accept that Manley-deBoer is not responsible for any damages to materials left on their premises for more than three (3) working days. PLEASE NOTE: ALL DIMENSIONS OF WINDOWS, DOORS, AND OPENINGS ARE WIDTH X HEIGHT. FREIGHT OR CRATE CHARGES MAY BE APPLIED. WE CAN NOT DELIVER ANYTHING OVER 24' IN LENGTH.*

*Not responsible for errors in addition or extensions. It is the customer's responsibility to determine suitability of all materials for their intended use. Compliance with building codes and building regulations for all materials and their applications is the sole responsibility of the customer. This quote is for the above list of materials only, and in no way constitutes a guarantee that these materials will complete a specific job or project. I HAVE READ THIS FORM IN ITS ENTIRETY AND UNDERSTAND AND AGREE TO ALL PROVISIONS IT CONTAINS. I CERTIFY THAT BY MY SIGNATURE BELOW I AM AUTHORIZING MANLEY-deBOER TO ORDER THESE MATERIALS, AND THAT THEY ARE CORRECT AS TO COLOR, STYLE, QUANTITY, AND SIZE.*

CUSTOMER PRICE	
Extended :	\$5,998.32
Labor :	\$0.00
Freight :	\$0.00
Tax :	\$449.87
<b>TOTAL :</b>	<b>\$6,448.19</b>

PRINT NAME:

APPROVED BY: DATE:

157 Industrial Blvd, Big Pine Key, FL 33043  
 305-872-3700  
 1109 Eaton Street, Key West, FL 33040  
 305-294-4577

Phone #: 305-872-0002 Fax #:  
 Phone #: 305-294-5900 Fax #:

6448.19 ALL  
 1473.<sup>63</sup> - CBS  
 \$4975.16 CONTRIBUTE

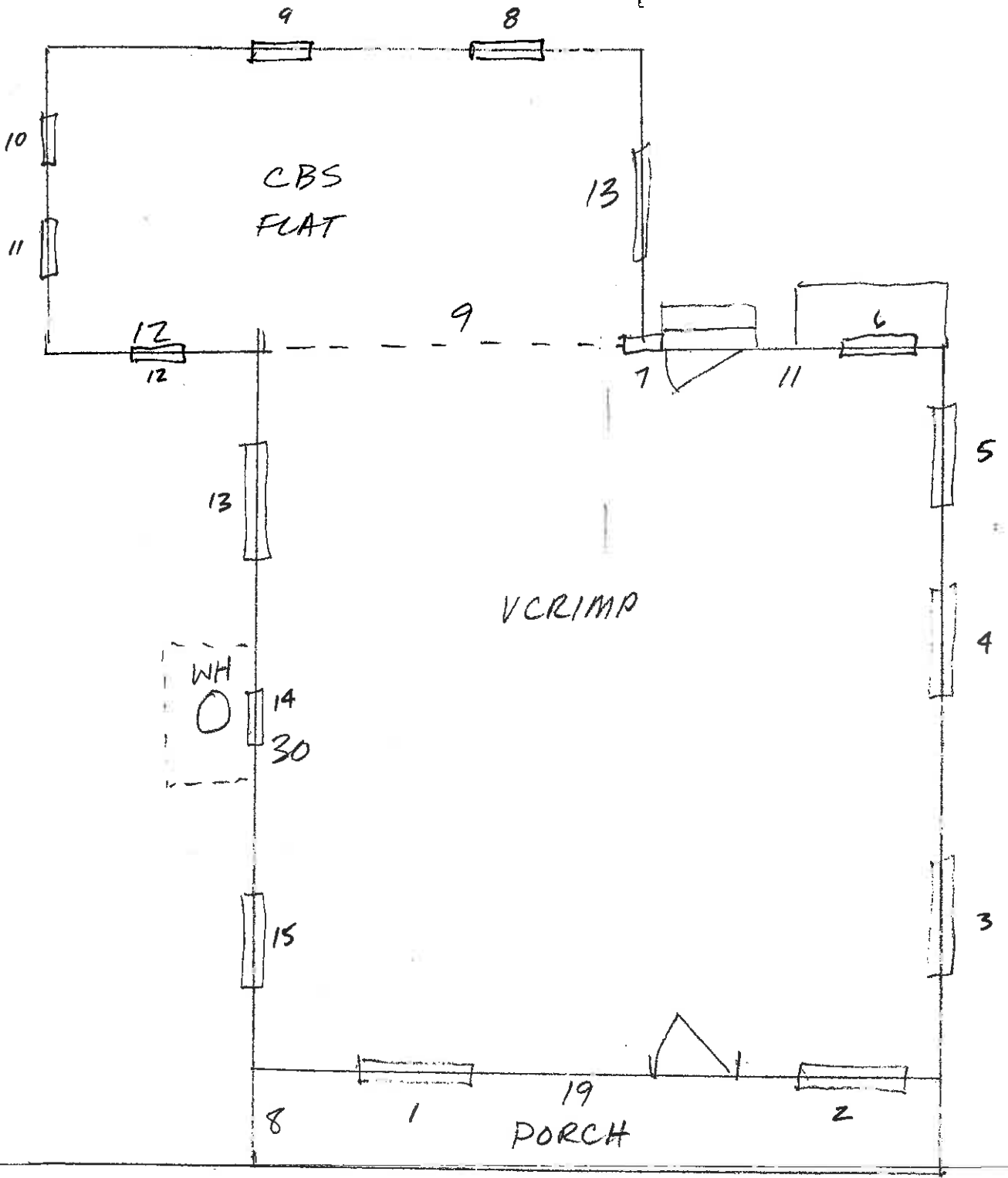
Note: The hold harmless provisions of IRC Section 142(d)(2)(E) mean that projects with at least one building placed in service on or before the end of the 45-day transition period for newly-released limits use whichever limits are greater, the current-year limits or the limits in use the preceding year.

HUD released 12/18/2013  
FHFC Posted 12/27/2013

**2014 Income Limits and Rent Limits  
Florida Housing Finance Corporation  
Multifamily Rental Programs -- Except HOME and SHIP  
CWHIP Homeownership Program**

County (Metro)	Percentage Category	Income Limit by Number of Persons in Household										Rent Limit by Number of Bedrooms in Unit					
		1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5
Monroe County	25%	14,425	16,500	18,550	20,600	22,250	23,900	25,550	27,200	28,840	30,488	360	386	463	535	597	659
	28%	16,156	18,480	20,776	23,072	24,920	26,768	28,616	30,464	32,301	34,147	403	432	519	599	669	738
	30%	17,310	19,800	22,260	24,720	26,700	28,680	30,660	32,640	34,608	36,586	432	463	556	642	717	791
	33%	19,041	21,780	24,486	27,192	29,370	31,548	33,726	35,904	38,069	40,244	476	510	612	707	788	870
	35%	20,195	23,100	25,970	28,840	31,150	33,460	35,770	38,080	40,376	42,683	504	541	649	749	836	923
	40%	23,080	26,400	29,680	32,960	35,600	38,240	40,880	43,520	46,144	48,781	577	618	742	857	956	1,055
	45%	25,965	29,700	33,390	37,080	40,050	43,020	45,990	48,960	51,912	54,878	649	695	834	964	1,075	1,186
	50%	28,850	33,000	37,100	41,200	44,500	47,800	51,100	54,400	57,680	60,976	721	773	927	1,071	1,195	1,318
	60%	34,620	39,600	44,520	49,440	53,400	57,360	61,320	65,280	69,216	73,171	865	927	1,113	1,285	1,434	1,582
	80%	46,160	52,800	59,360	65,920	71,200	76,480	81,760	87,040	92,288	97,562	1,154	1,237	1,484	1,714	1,912	2,110
	120%	69,240	79,200	89,040	98,880	106,800	114,720	122,640	130,560	138,432	146,342	1,731	1,855	2,226	2,571	2,868	3,165
	140%	80,780	92,400	103,880	115,360	124,600	133,840	143,080	152,320	161,504	170,733	2,019	2,164	2,597	2,999	3,346	3,692
150%	86,550	99,000	111,300	123,600	133,500	143,400	153,300	163,200	173,040	182,928	2,163	2,319	2,782	3,213	3,585	3,956	
HERA Special Limits per Section 142(d)(2)(E) <i>(est. 2014)</i> <i>For use by projects that placed in service at least one building on or before 12/31/2008</i>	25% - HS	15,175	17,350	19,525	21,675	23,425	25,150	26,900	28,625	30,345	32,079	379	406	488	563	628	694
	28% - HS	16,996	19,432	21,868	24,276	26,236	28,168	30,128	32,060	33,986	35,928	424	455	546	631	704	777
	30% - HS	18,210	20,820	23,430	26,010	28,110	30,180	32,280	34,350	36,414	38,495	455	487	585	676	754	832
	33% - HS	20,031	22,902	25,773	28,611	30,921	33,198	35,508	37,785	40,055	42,344	500	536	644	744	829	916
	35% - HS	21,245	24,290	27,335	30,345	32,795	35,210	37,660	40,075	42,483	44,911	531	569	683	789	880	971
	40% - HS	24,280	27,760	31,240	34,680	37,480	40,240	43,040	45,800	48,552	51,326	607	650	781	902	1,006	1,110
	45% - HS	27,315	31,230	35,145	39,015	42,165	45,270	48,420	51,525	54,621	57,742	682	731	878	1,014	1,131	1,249
	50% - HS	30,350	34,700	39,050	43,350	46,850	50,300	53,800	57,250	60,690	64,158	758	813	976	1,127	1,257	1,388
60% - HS	36,420	41,640	46,860	52,020	56,220	60,360	64,560	68,700	72,828	76,990	910	975	1,171	1,353	1,509	1,665	
Median:	63,500																

Florida Housing Finance Corporation (FHFC) income and rent limits are based upon figures provided by the United States Department of Housing and Urban Development (HUD) and are subject to change. Updated schedules will be provided when changes occur.



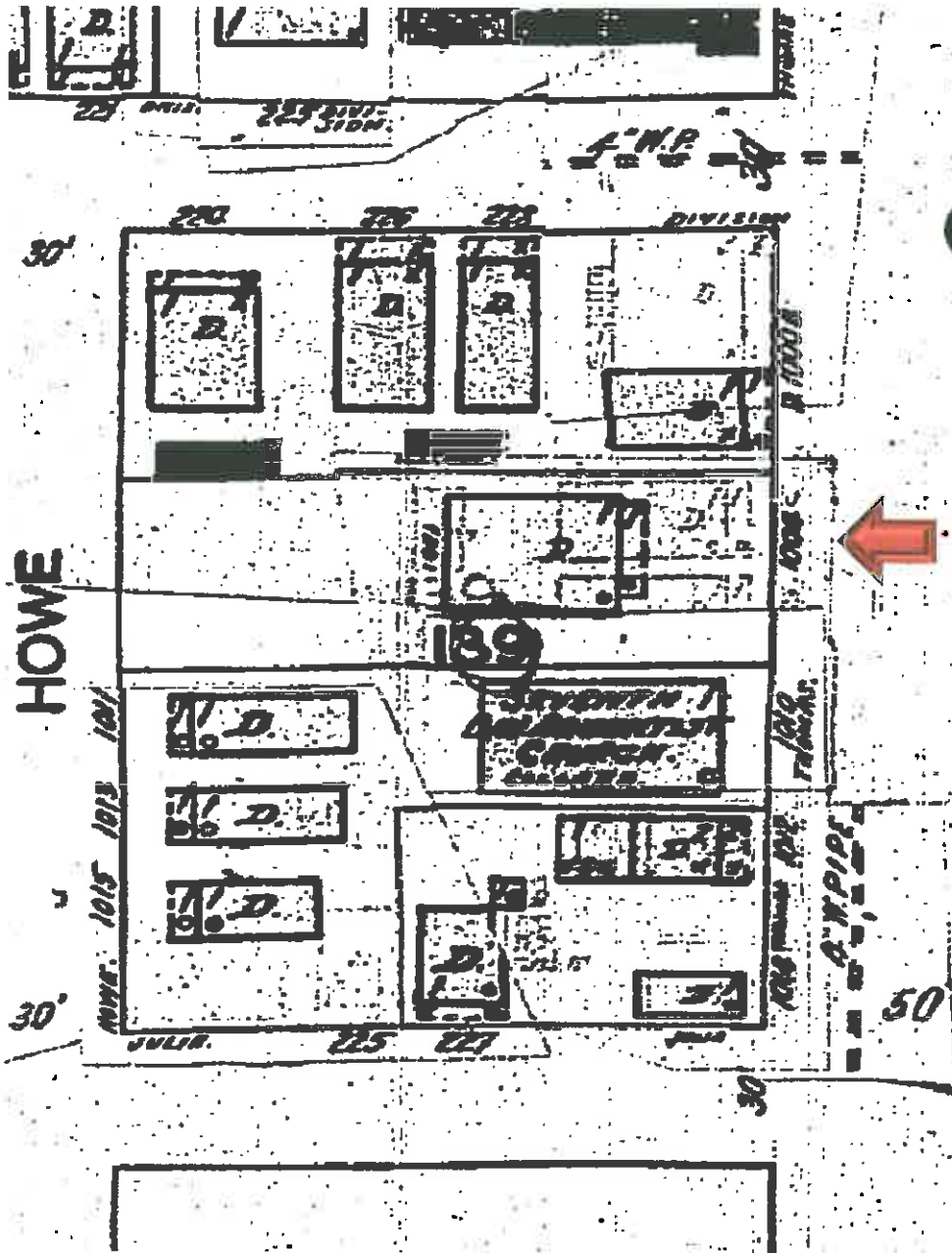
WINDOW #S : 1-15



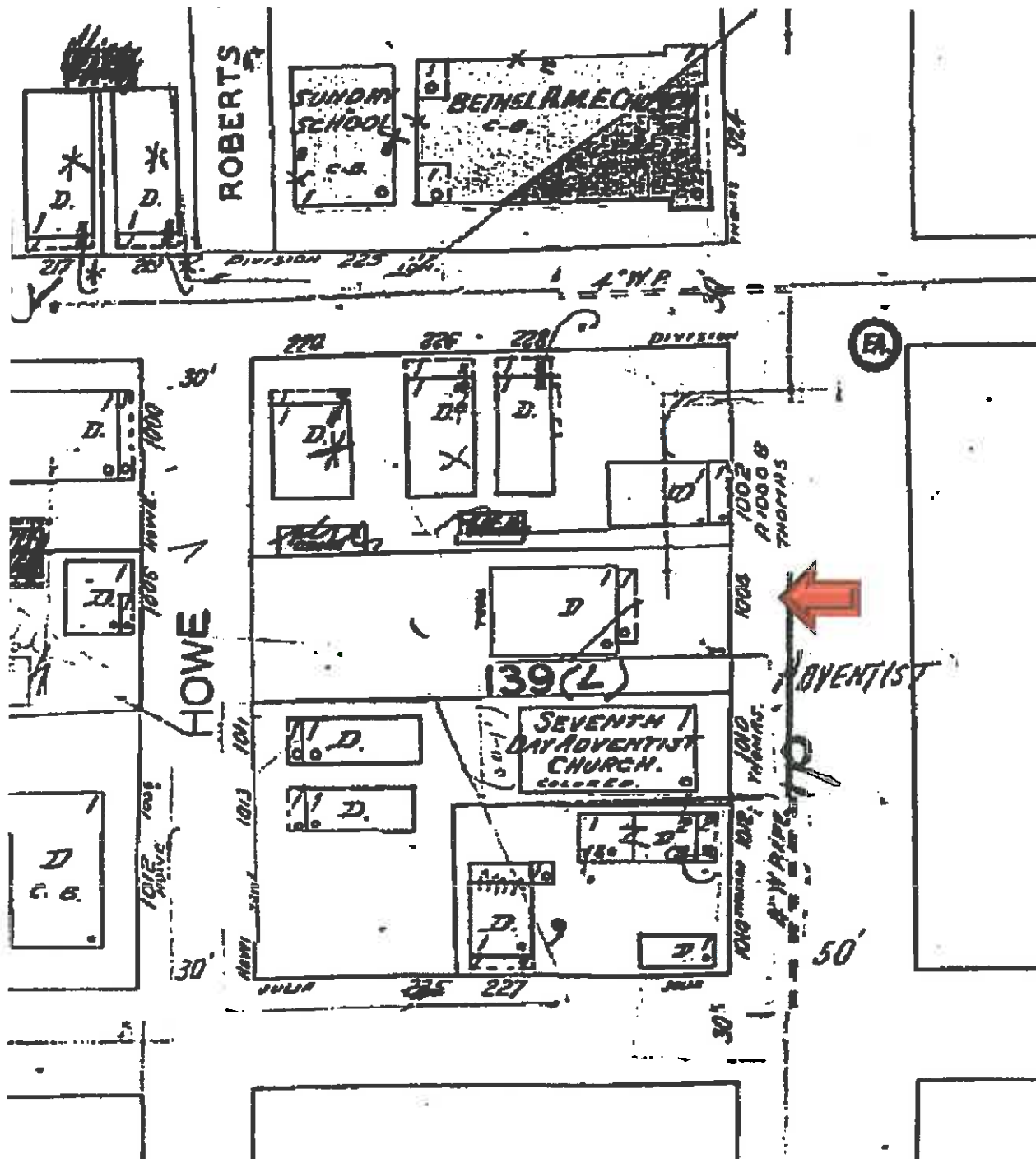
1004 THOMAS



# **Sanborn Maps**



#1004 Thomas Street Sanborn map 1948



#1004 Thomas Street Sanborn map 1962

# **Project Photos**











Rear of 1004 Thomas St.,  
Ernestine Curry



















# Noticing



# Public Meeting Notice

The Historic Architectural Review Commission will hold a public hearing at 5:30 p.m., August 27, 2014 at Old City Hall, 510 Greene Street, Key West, Florida. The purpose of the hearing will be to consider a request for:

**REPLACE WINDOWS IN CONTRIBUTING STRUCTURE AND CBS  
ADDITION. ECONOMIC HARDSHIP REQUEST.**

**FOR- #1004 THOMAS STREET**\_\_\_\_\_

**Applicant-Habitat for Humanity**

**Application # H14-01-1252**

If you wish to see the application or have any questions, you may visit the Planning Department during regular office hours at 3140 Flagler Avenue, call 809-3973 or visit our website at [www.keywestcity.com](http://www.keywestcity.com).

**THIS NOTICE CAN NOT BE REMOVED FROM THE SITE UNTIL HARC FINAL DETERMINATION**



# HARC POSTING AFFIDAVIT

**STATE OF FLORIDA:**  
**COUNTY OF MONROE:**

**BEFORE ME**, the undersigned authority, personally appeared ERNESTINE CURRY, who, first being duly sworn, on oath, depose and says that the following statements are true and correct to the best of his/her knowledge and belief:

1. That a legal notice for Public Notice of Hearing of the Historic Architectural Review Commission (HARC) was placed on the following address: 1004 THOMAS ST on the 19<sup>th</sup> day of AUGUST, 2014.

This legal notice(s) contained an area of at least 8.5"x11".

The property was posted to notice a public hearing before the Key West Historic Architectural Review Commission to be held on AUGUST 27, 2014.

The legal notice(s) is/are clearly visible from the public street adjacent to the property.

The Certificate of Appropriateness number for this legal notice is H14-01-1252

2. A photograph of that legal notice posted in the property is attached hereto.

**Signed Name of Affiant:**

Ernestine Curry  
**Date:** 8-19-14  
**Address:** 1004 Thomas St  
**City:** Key West,  
**State, Zip:** Fla. 33040

The forgoing instrument was acknowledged before me on this 18<sup>th</sup> day of AUGUST, 2014.

By (Print name of Affiant) ERNESTINE CURRY who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

**NOTARY PUBLIC**

Sign Name: [Signature]  
Print Name: \_\_\_\_\_

Notary Public - State of Florida (seal)  
My Commission Expires: \_\_\_\_\_



DEBORA L. RAINER  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE086387  
Expires 8/19/2015

# **Property Appraiser Information**



**Scott P. Russell, CFA**  
**Property Appraiser**  
**Monroe County, Florida**

Key West (305) 292-3420  
Marathon (305) 289-2550  
Plantation Key (305) 852-7130

**Property Record Card -**  
**Maps are now launching the new map application version.**

Website tested on IE8,  
IE9, & Firefox.  
Requires Adobe Flash  
10.3 or higher

**Alternate Key: 1027456 Parcel ID: 00026660-000000**

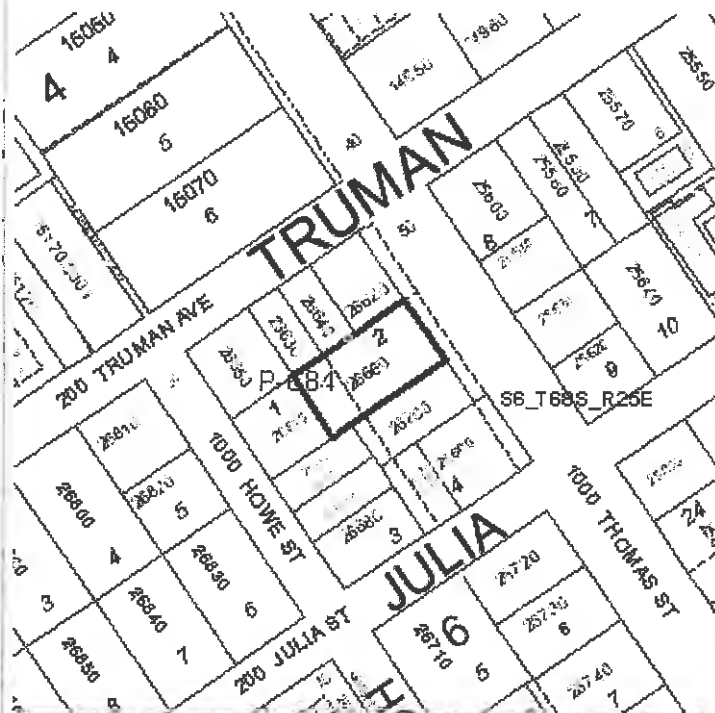
**Ownership Details**

**Mailing Address:**  
CURRY ERNESTINE P L/E  
1004 THOMAS ST  
KEY WEST, FL 33040-7515

**Property Details**

**PC Code:** 01 - SINGLE FAMILY  
**Millage Group:** 11KW  
**Affordable Housing:** No  
**Section-Township-Range:** 06-68-25  
**Property Location:** 1004 THOMAS ST KEY WEST  
**Subdivision:** Tracts 10 and 15  
**Legal Description:** KW PB1-25-40 SUB 4 & PT 5 PT LOT 2 SQR 6 TR 10 H1-493 OR425-137/38 OR2176-681D/C OR2189-1842/43

Click Map Image to open interactive viewer



**Exemptions**

Exemption	Amount
39 - 25000 HOMESTEAD	25,000.00
02 - WIDOWS	500.00
06 - SENIOR HOMESTEAD	50,000.00
44 - ADDL HOMESTEAD	25,000.00

### Land Details

Land Use Code	Frontage	Depth	Land Area
010D - RESIDENTIAL DRY	45	83	4,139.00 SF

### Building Summary

Number of Buildings: 1  
 Number of Commercial Buildings: 0  
 Total Living Area: 1246  
 Year Built: 1933

### Building 1 Details

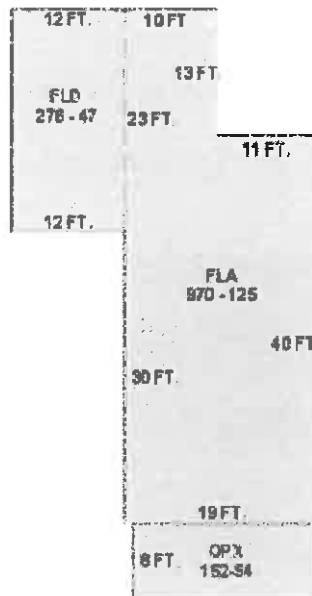
Building Type R1	Condition G	Quality Grade 450
Effective Age 21	Perimeter 172	Depreciation % 28
Year Built 1933	Special Arch 0	Gnd Floor Area 1,246
Functional Obs 0	Economic Obs 0	

**Inclusions:** R1 includes 1 3-fixture bath and 1 kitchen.

Roof Type GABLE/HIP	Roof Cover METAL	Foundation WD CONC PADS
Heat 1 NONE	Heat 2 NONE	Bedrooms 2
Heat Src 1 NONE	Heat Src 2 NONE	

**Extra Features:**

2 Fix Bath 0	Vacuum 0
3 Fix Bath 0	Garbage Disposal 0
4 Fix Bath 0	Compactor 0
5 Fix Bath 0	Security 0
6 Fix Bath 0	Intercom 0
7 Fix Bath 0	Fireplaces 0
Extra Fix 0	Dishwasher 0



Sections:

Nbr	Type	Ext Wall	# Stories	Year Built	Attic A/C	Basement %	Finished Basement %	Area
1	OPX		1	1933		0.00	0.00	152
2	FLA	12:ABOVE AVERAGE WOOD	1	1933	N N			970
3	FLD	3:WD FR STUCCO	1	1990	N N			276

Misc Improvement Details

Nbr	Type	# Units	Length	Width	Year Built	Roll Year	Grade	Life
1	FN2:FENCES	120 SF	0	0	1964	1965	3	30
2	CL2:CH LINK FENCE	728 SF	0	0	1964	1965	1	30
3	PT3:PATIO	200 SF	20	10	1964	1965	2	50
4	PT5:TILE PATIO	60 SF	3	20	1964	1965	3	50

Appraiser Notes

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Building Permits

Bldg Number	Date Issued	Date Completed	Amount	Description	Notes
12-2664	07/24/2012	03/19/2014	5,000		REPLACE ROTTED WINDOW SILLS, SIDING REPAIR, WINDOW TRIM REPAIR
2 9903603	10/25/1999	11/24/1999	800	Residential	ROOF
1 02-1542	06/10/2002	10/07/2002	3,000	Residential	REPAIR ROOF
3 04-3035	09/15/2004	10/29/2004	1,200	Residential	ELECTRIC
4 06-0274	01/17/2006	08/17/2006	1,000	Residential	REPLACEW PORCH CEILING TILES

Parcel Value History

Certified Roll Values.

[View Taxes for this Parcel.](#)

Roll Year	Total Bldg Value	Total Misc Improvement Value	Total Land Value	Total Just (Market) Value	Total Assessed Value	School Exempt Value	School Taxable Value
2014	107,604	1,738	199,609	308,951	129,977	25,500	104,477
2013	109,098	1,738	237,630	348,466	128,056	25,500	102,556
2012	110,593	1,738	148,123	260,454	125,915	25,500	100,415
2011	112,087	1,738	150,381	264,206	122,248	25,500	96,748
2010	115,076	1,738	165,972	282,786	120,441	25,500	94,941
2009	133,026	1,738	221,296	356,060	117,275	25,500	91,775
2008	131,384	1,738	338,444	471,566	117,158	25,500	91,658
2007	178,910	1,682	393,205	573,797	113,746	25,500	88,246

2006	250,276	1,682	351,815	603,773	105,671	25,500	80,171
2005	219,980	1,682	289,730	511,392	107,740	25,000	82,740
2004	177,146	1,682	206,950	385,778	104,602	25,000	79,602
2003	129,907	1,682	99,336	230,925	102,652	25,000	77,652
2002	135,024	1,682	72,433	209,139	100,247	25,000	75,247
2001	117,021	1,682	66,224	184,927	98,669	25,000	73,669
2000	117,021	1,667	53,807	172,494	95,796	25,000	70,796
1999	83,442	1,234	53,807	138,483	93,278	25,000	68,278
1998	68,270	1,010	53,807	123,087	91,810	25,000	66,810
1997	68,270	1,010	45,529	114,809	90,276	25,000	65,276
1996	41,721	397	45,529	87,647	87,647	25,000	62,647
1995	46,651	103	45,529	92,284	89,700	25,000	64,700
1994	41,721	92	45,529	87,342	87,342	25,000	62,342
1993	41,721	92	45,529	87,342	87,342	25,000	62,342
1992	41,721	92	45,529	87,342	87,342	25,000	62,342
1991	41,721	92	45,529	87,342	87,342	25,000	62,342
1990	24,417	0	36,216	60,633	60,633	25,000	35,633
1989	20,180	0	35,182	55,362	55,362	25,000	30,362
1988	17,595	0	28,973	46,568	46,568	25,000	21,568
1987	17,372	0	14,797	32,169	32,169	25,000	7,169
1986	17,468	0	13,659	31,127	31,127	25,000	6,127
1985	16,926	0	13,601	30,527	30,527	25,000	5,527
1984	15,788	0	13,601	29,389	29,389	25,000	4,389
1983	15,788	0	13,601	29,389	29,389	25,000	4,389
1982	16,107	0	10,086	26,193	26,193	25,000	1,193

## Parcel Sales History

NOTE: Sales do not generally show up in our computer system until about two to three months after the date of sale. If a recent sale does not show up in this list, please allow more time for the sale record to be processed. Thank you for your patience and understanding.

Sale Date	Official Records Book/Page	Price	Instrument	Qualification
2/1/1969	425 / 137	6,800	00	Q

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Monroe County Monroe County Property Appraiser  
 Scott P. Russell, CFA  
 P.O. Box 1176 Key West, FL 33041-1176