

2018 HARDSHIP
APPLICATIONS
WILL BE ACCEPTED
BETWEEN
FEBRUARY 1, 2018
AND
APRIL 15, 2018

****IF YOU NEED HELP FILLING OUT THE
APPLICATION, AND/OR NEED COPIES MADE,
YOU MUST MAKE AN APPOINTMENT****

Hardship Deferral Requirements

Required for Processing of Hardship Deferral Application:

1. Hardship Application (attached). Signed and notarized.
Completed Financial Worksheet (attached).
2. Homestead Exemption Card (Income producing properties do not qualify).
3. Proof that Property Taxes are paid current or meet eligibility for homestead tax deferral.
4. Statements from all lien holders that the property is not subject to any pending or threatened foreclosure actions and no mortgage or other encumbrance creating a lien against the property is in default. The applicant must contact the lender and request that verification of the balance and status of all mortgages and loans on the property be sent directly to the City of Cape Coral. You may also submit six (current) consecutive months of mortgage statements. *NOTE: If your lien holder is local, you may want to go to the branch and request the statement in person.*
5. Copy of Tax returns and W2's for the last two years, with initial application. For subsequent applications, one year will be required, **OR** if applicable, copy of Social Security Statement (Form 1099) and/or Social Security Benefit Statement for the current year, **OR** if applicable, Unemployment Compensation (Form 1099).
6. Long Term Disability Statement.
7. Name (s), mailing addresses and type of interest (i.e. fee simple, life estate) of all persons who have an ownership interest in the subject property.
8. Four most recent months of all bank statements (savings, checking, IRA accounts, etc.).
9. Two most current pay stubs.
10. Child Support Order (if applicable).
11. Copies of Medical Bills (if necessary).
12. Unemployment Benefit Statement.
13. Copy(s) of Driver's License and or State ID for all Owners.

Please Note:

Income guidelines have changed to encumber very low income (50% of Median) and the deadline is **April 15th** of each year.

If you wish to be considered for the 2018 Hardship deferral, please complete all of the requested information, have your signature notarized and submit your application with all required copies of income.

You must return the completed application on or before April 15th, 2018. Non-receipt of the renewal information by April 15, 2018 or denial of renewal automatically disqualifies applicants from this year's deferral. Once an applicant no longer qualifies for a Hardship Deferral, all of the previously deferred amounts are to be repaid to the City.

2018 HARDSHIP DEFERRAL APPLICATION CHECKLIST

Please make sure you include copies of all that apply below when you submit your application. Please write "N/A" next to any box that does not apply to you. If you need assistance with the application and/or need copies and/or a Notary, please call to make an appointment. All documents should be provided in English.

- Hardship Application, with completed Financial Worksheet, signed and dated in the presence of 2 witnesses and a Notary Public
- Driver's License or State Issued ID for ALL property Owners
- Homestead Exemption card for the year you are applying (2018)
- Proof that property taxes are paid current, meet eligibility for homestead and/or approved for installment payments with the County
- 6 (six) most recent mortgage statements
- 4 (four) most recent copies of bank statements, including, checking, savings, IRA, etc.
- Tax Returns and W2's for the last two years (2016 & 2017). (If you are reapplying, you will only need to provide 2017)
- 2 (two) most current pay stubs
- SS Form 1099 from Social Security for 2017
- Form 1099 for any other income you may receive, i.e. pension
- Food Stamp eligibility letter for current and previous years (2016 & 2017)
- Unemployment Compensation Benefits and forms
- Long term disability statements
- Child Support Order
- Outstanding medical bills

**Hardship Deferral
Calendar Year 2017**

Table A

Deferral Family Size	Percentage/	100%	90%	70%	50%	30%	10%
1		\$ 20,300.00	\$ 24,360.00	\$ 28,420.00	\$ 32,480.00	\$ 36,540.00	\$ 40,600.00
2		\$ 23,200.00	\$ 27,840.00	\$ 32,480.00	\$ 37,120.00	\$ 41,760.00	\$ 46,400.00
3		\$ 26,100.00	\$ 31,320.00	\$ 36,540.00	\$ 41,760.00	\$ 46,980.00	\$ 52,200.00
4		\$ 28,950.00	\$ 34,740.00	\$ 40,530.00	\$ 46,320.00	\$ 52,110.00	\$ 57,900.00
5		\$ 31,300.00	\$ 37,560.00	\$ 43,820.00	\$ 50,080.00	\$ 56,340.00	\$ 62,600.00
6		\$ 33,600.00	\$ 40,320.00	\$ 47,040.00	\$ 53,760.00	\$ 60,480.00	\$ 67,200.00
7		\$ 35,900.00	\$ 43,080.00	\$ 50,260.00	\$ 57,440.00	\$ 64,620.00	\$ 71,800.00
8		\$ 38,250.00	\$ 45,900.00	\$ 53,550.00	\$ 61,200.00	\$ 68,850.00	\$ 76,500.00

Income guideline amounts are subject to change each year.

SPECIAL HARDSHIP DEFERRAL PROGRAM APPLICATION
FINANCIAL SERVICE DEPARTMENT
CITY OF CAPE CORAL
P.O. BOX 150006
CAPE CORAL, FL 33915-0006

PLEASE PRINT:

NAME: _____

MAILING ADDRESS: _____

SITE ADDRESS (if different from above) _____

HOME PHONE: () _____ WORK PHONE: () _____

EMAIL ADDRESS: _____

STRAP Number of Property (legal description): _____

I am applying for deferral of (please check):

Legacy Assessments/Impact Fees

Fire Service Assessment

SW 6&7 UEP

N2 UEP

CFEC Water

CFEC Sewer

CFEC Irrigation

Sewer Assessment

Water Assessment

Irrigation Assessment

List names of ALL occupants living in residence; Social Security Number(s); ages; gross income; source of income: employer. List ALL other sources of income for the household (i.e. Social Security, Unemployment Compensation, Child Support, Food Stamps, AFDC, Pension, Rentals, Dividends, Interest, etc.) (USE BLANK SHEET IF NECESSARY).

NAME:	AGE:	SSN:	MONTHLY GROSS INCOME:	NAME OF EMPLOYER:	OTHER SOURCE OF INCOME:

I, _____, hereby certify that I am a permanent resident of LEE County, Florida, and my property is NOT the subject of a pending or threatened foreclosure, and no mortgage or other encumbrance creating a lien against the property is in DEFAULT.

I intend to remain qualified for Homestead Exemption and IF the property is encumbered by a contract for sale at this time, and IF I sell this property, I agree to immediately satisfy and pay this lien in full.

I have provided, to the best of my ability, information which is complete and accurate for the purpose of determining my eligibility for this program;

and I understand that the submission of false, misleading or incomplete application, or the failure to provide appropriate documentary evidence including all sources of income in support of my application prior to the submission deadline shall be grounds for denial of my application; and

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated herein are true and that all additional information submitted by me in connection with my Special Hardship Deferral Program Application is true and correct.

(Applicant's Signature)

(Date)

(Applicant's Signature)

(Date)

Signature (Witness)

Signature (Witness)

Printed (Witness)

Printed (Witness)

**STATE OF FLORIDA
COUNTY OF LEE**

Sworn to and subscribed before me this _____ day of _____, 2018.

_____, who is
personally known to me or has produced, Florida Driver's License (type of
Photo identification).

Signature (Notary)

Printed (Notary)

Commission Number _____

THIS DOCUMENTATION MAY BE CONSIDERED A PUBLIC RECORD, OPEN FOR PUBLIC INSPECTION.

APPLICATION APPROVED: _____ DISAPPROVED: _____

SIGNATURE: _____
VICTORIA L. BATEMAN, CPA, CGFM

Application may be mailed with all copies of tax bills, tax forms, proof of income and liabilities, affidavits to:

**CITY OF CAPE CORAL
FINANCIAL SERVICES
JOETTE DOMALESKI
PO BOX 150006
CAPE CORAL, FL 33915-0006**

TO MAKE AN APPOINTMENT PLEASE CALL (239) 242-3852

**SPECIAL HARDSHIP DEFERRAL PROGRAM APPLICATION
 FINANCIAL SERVICE DEPARTMENT
 CITY OF CAPE CORAL
 P.O. BOX 150006
 CAPE CORAL, FL 33915-0006**

INCOME:

SOCIAL SECURITY _____
 RETIREMENT/PENSION _____
 ANNUITY INCOME _____
 SALARY _____
 ALIMONY _____
 CHILD SUPPORT _____
 RENTAL INCOME _____
 INTEREST _____
 DIVIDENDS _____
 FOOD STAMPS _____
 OTHER INCOME _____

TOTAL MONTHLY INCOME: _____

ASSETS:

SECOND HOME _____
 OTHER REAL ESTATE _____
 STOCK/BONDS/CD'S _____
 SAVINGS _____
 CHECKING _____
 MONEY MARKET _____
 LIFE INSURANCE VALUE _____
 IRA _____
 401(k) _____
 PENSION _____

TOTAL ASSETS: _____

MONTHLY EXPENSES:

MORTGAGE _____
 TAXES (IF NOT INC IN MTG) _____
 LCEC _____
 CITY WATER/SEWER/IRR _____
 FOOD _____
 CELL PHONE _____
 CABLE TV/INTERNET _____
 ALL MEDICAL COSTS _____
 AUTO INSURANCE _____
 AUTO PAYMENTS _____
 CHILD CARE _____
 CHARGE CARD PAYMENTS _____
 PROPERTY MAINTENANCE _____
 OTHER (PLEASE LIST) _____

TOTAL MONTHLY EXPENSES: _____

LIABILITIES/DEBTS:

REAL ESTATE MORTGAGE _____
 CREDIT CARD(S) _____
 PERSONAL LOANS _____
 AUTO LOANS _____
 MEDICAL BILLS _____
 OTHER (PLEASE LIST) _____

TOTAL LIABILITIES/DEBTS: _____

BALANCE