

Hardship Application Requirements

Below is a listing of items required for Hardship Applications:

1. Hardship Application (attached).
2. Homestead Exemption (Income producing properties do not qualify).
3. Proof that Property Taxes are paid current or a 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.
5. Copy of Tax returns and W2's for the last two years, unless the applicant/occupant has been in the program the year prior. Then just 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. Unemployment Benefit Statement .
7. Long Term Disability Statement.
8. Completed Financial Worksheet (attached).
9. 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.
10. Most recent copy of all last bank statements (savings, checking, IRA accounts, etc.).
11. Notice of Interest Liability (attached).
12. Two most current pay stubs.
13. Child Support Order
14. Denial of Food Stamps and Medicaid
15. Copies of Medical Bills

**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: _() _____

STRAP Number of Property (legal description): _____

I am applying for deferral of the Impact Fee (s) _____ Sewer Assessment _____
Water Assessment _____ Irrigation Assessment _____ Impact Fees _____

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(s)	SOCIAL SECURITY	AGE	GROSS INCOME (Per month)	EMPLOYER OR SOURCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 in it 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)

Signature (Witness)

Signature (Witness)

Printed (Witness)

Printed (Witness)

**STATE OF FLORIDA
COUNTY OF LEE**

Sworn to and subscribed before me this _____ day of _____, 200_.
_____, who is personally known to me or has produced
_____, (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: _____
COMMITTEE CHAIRPERSON

Application may be mailed with all copies of tax bill, tax forms, proof of income and liabilities, affidavits, etc. on or **before July 15, 2008** to:

**CITY OF CAPE CORAL
FINANCIAL SERVICES
Sandra Krieger/Lorenzo Cutaia
P.O. BOX 150006
CAPE CORAL, FL 33915**

TO MAKE AN APPOINTMENT PLEASE CALL (239) 574-7722 EXT. 4016 or 4031

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 _____
 DIVIDENDS _____
 INTEREST _____
 FOOD STAMPS _____
 AFDC _____
 OTHER INCOME _____

TOTAL MONTHLY INCOME: \$ _____

ASSETS:

SECOND HOME \$ _____
 OTHER REAL ESTATE _____
 STOCK/BONDS/CD'S _____
 SAVINGS _____
 MONEY MARKET FUNDS _____
 CHECKING ACCOUNT _____
 LIFE INSURANCE (VALUE) _____
 RECREATIONAL VEHICLES _____
 OTHER ASSETS _____
 _____: _____

TOTAL ASSETS: \$ _____

MONTHLY EXPENSES:

MORTGAGE \$ _____
 TAXES _____
 UTILITIES _____
 PHONE _____
 FOOD _____
 MEDICAL COSTS _____
 INSURANCE PREMIUMS _____
 AUTO _____
 CHILD CARE _____
 MAINTENANCE _____
 CHARGE PAYMENTS _____
 CABLE TV _____
 BFI _____
 OTHER _____

TOTAL MONTHLY EXPENSES: \$ _____

LIABILITIES/DEBTS:

REAL ESTATE (MORTG.) _____
 CREDIT CARD BALANCES _____
 OUTSTANDING LOANS _____
 PERSONAL LOANS _____
 MEDICAL BILLS _____
 OTHER BILLS _____

TOTAL DEBTS: \$ _____

NOTES AND COMMENTS:

**HARDSHIP DEFERRAL PROGRAM
NOTICE OF INTEREST LIABILITY**

This statement is to give notice to the undersigned Hardship Program and/or Sewer Assistance recipient that the deferred amount of his/her Special Assessment will be charged interest at the rate of ____% for the water assessment, ____% for the irrigation assessment and _____ % for the sewer assessment. The deferred amount of his/her water impact fee will be charged interest rate of ____%. The deferred amount of his/her sewer impact fee will be charged interest at the rate of ____%. Betterment fee for water will be charged at an interest rate of ____%, ____% for the irrigation betterment and ____% for the sewer betterment. The interest will accrue annually until such time that the deferred of that assessment, betterment and/or impact fee is paid in full or the account (s) brought current. All payments of deferred assessments/betterment's/impact fees shall include accrued interest and an administrative fee of one percent (1%) per annum and shall be paid to the City of Cape Coral.

Please Print Name

Signature Date

Please Print Name

Signature Date

Please Print Name

Signature Date

Please Print Name

Signature Date