

Do Not Submit  
Hardship Application  
Before

January 31, 2015

\*Must Be  
Submitted

No Later Than  
APRIL 15, 2015\*

# Hardship Deferral Requirements

Required for Processing of Hardship Deferral Application:

1. Hardship Application (attached). Signed and notarized.  
Completed Financial Worksheet (attached).  
Signed Notice of Interest Liability (attached).
2. Homestead Exemption (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.
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. Most recent copy of all last 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. Copies 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 15<sup>th</sup>** of each year.

If you wish to be considered for the 2015 Hardship deferral then please fill out all 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, 2015. Non-receipt of the renewal information by April 15, 2015 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.***

**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:    FSA\_\_

Impact Fee(s)/CFEC(s) \_\_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(s)	SOCIAL SECURITY	AGE	GROSS INCOME (Per month)	EMPLOYER OR SOURCE
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____

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)

\_\_\_\_\_  
(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 \_\_\_\_\_,  
2015. \_\_\_\_\_, 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 to:

**CITY OF CAPE CORAL  
FINANCIAL SERVICES  
JOETTE DOMALESKI, CST II  
P.O. 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 \_\_\_\_\_  
 DIVIDENDS \_\_\_\_\_  
 INTEREST \_\_\_\_\_  
 OTHER INCOME \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**MONTHLY EXPENSES:**

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

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

**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:** \$ \_\_\_\_\_

**LIABILITIES/DEBTS:**

\$ \_\_\_\_\_  
 REAL ESTATE (MORTG.) \_\_\_\_\_  
 CREDIT CARD BALANCES \_\_\_\_\_  
 OUTSTANDING LOANS \_\_\_\_\_  
 PERSONAL LOANS \_\_\_\_\_  
 MEDICAL BILLS \_\_\_\_\_  
 OTHER BILLS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL DEBTS:** \$ \_\_\_\_\_

---

**NOTES AND COMMENTS:**

**Hardship Deferral  
Calendar Year 2014**

**Table A**

<b>Deferral Percentage/ Family Size</b>	<b>100%</b>	<b>90%</b>	<b>70%</b>	<b>50%</b>	<b>30%</b>	<b>10%</b>
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	\$ 29,000.00	\$ 34,800.00	\$ 40,600.00	\$ 46,400.00	\$ 52,200.00	\$ 58,000.00
5	\$ 31,550.00	\$ 37,620.00	\$ 43,890.00	\$ 50,160.00	\$ 56,430.00	\$ 62,700.00
6	\$ 33,650.00	\$ 40,380.00	\$ 47,110.00	\$ 53,840.00	\$ 60,570.00	\$ 67,300.00
7	\$ 36,000.00	\$ 43,200.00	\$ 50,400.00	\$ 57,600.00	\$ 64,800.00	\$ 72,000.00
8	\$ 38,300.00	\$ 45,960.00	\$ 53,620.00	\$ 61,280.00	\$ 68,940.00	\$ 76,600.00
9	\$ 42,800.00	\$ 51,360.00	\$ 59,920.00	\$ 68,480.00	\$ 77,040.00	\$ 85,600.00
10	\$ 45,080.00	\$ 54,096.00	\$ 63,112.00	\$ 72,128.00	\$ 81,144.00	\$ 90,160.00

\*For each additional person  
add \$2,900.00