



2024  
HARDSHIP DEFERRAL PROGRAM  
APPLICATION

APPLICATIONS WILL BE ACCEPTED BETWEEN

***FEBRUARY 1, 2024***  
AND  
***APRIL 15, 2024***

**\*\*IF YOU REQUIRE ASSISTANCE COMPLETING  
THIS APPLICATION, YOU MUST MAKE AN  
APPOINTMENT BY CALLING 239-242-3851\*\***

## HARDSHIP DEFERRAL PROGRAM REQUIREMENTS

Required for Processing of Hardship Deferral Application:

1. Hardship Application (attached). Signed and notarized.
2. Completed Financial Worksheet (attached).
3. Homestead Exemption Card (Income producing properties do not qualify).
4. Proof that Property Taxes are paid current or meet eligibility for homestead tax deferral.
5. 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.*
6. 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).
7. Long Term Disability Statement.
8. 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.
9. Four most recent months of all bank statements (savings, checking, IRA accounts, etc.).
10. Two most current pay stubs.
11. Child Support Order (if applicable).
12. Copies of Medical Bills (if necessary).
13. Unemployment Benefit Statement.
14. 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 15** of each year.

If you wish to be considered for the 2024 Hardship deferral, please complete 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 15, 2024.** *Non-receipt of the renewal information by April 15, 2024 or denial of renewal automatically disqualifies applicants from this year's deferral. Once an applicant no longer qualifies for a Hardship Deferral, all 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 (please check all that apply):

Legacy Assessments/Impact Fees

Fire Service Assessment

SW 6&7 UEP

N2 UEP

N1 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 \_\_\_\_\_, 2024.

\_\_\_\_\_, 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: \_\_\_\_\_

MARK MASON, CPA  
FINANCIAL SERVICES DIRECTOR

-OR-

SIGNATURE: \_\_\_\_\_

AUTHORIZED AGENT

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  
ATTN: HARDSHIP CLERK  
PO BOX 150006  
CAPE CORAL, FL 33915-0006**

TO MAKE AN APPOINTMENT PLEASE CALL (239) 242-3851

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

**MONTHLY INCOME:**

SOCIAL SECURITY \_\_\_\_\_  
 RETIREMENT/PENSION \_\_\_\_\_  
 ANNUITY INCOME \_\_\_\_\_  
 SALARY \_\_\_\_\_  
 ALIMONY \_\_\_\_\_  
 CHILD SUPPORT \_\_\_\_\_  
 RENTAL INCOME \_\_\_\_\_  
 INTEREST \_\_\_\_\_  
 DIVIDENDS \_\_\_\_\_  
 FOOD ASSISTANCE \_\_\_\_\_  
 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**

NOTE:

If there are any income, expenses, assets, debts/liabilities not listed, please write them in on this sheet.

# **2024 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 a Notary, please call 239-242-3852 to make an appointment. Please bring copies of all documents with you. All documents should be provided in English. \*\****

- Original 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 (2024)
- Proof that property taxes are paid current, meet eligibility for homestead and/or approved for installment payments with the County
- 6 (six) most (current) consecutive mortgage statements with logo – *online printouts will not be accepted*
- 4 (four) most (current) consecutive bank statements with logo (including, checking, savings, IRA, etc.) – *online printouts will not be accepted*
- Tax Returns and W2’s for the last two years (2022 & 2023). (If you are “reapplying”, you will only need to provide 2023)
- 2 (two) most (current) consecutive pay stubs
- SS Form 1099 from Social Security for 2023
- Form 1099 (for 2023) for any other income you may receive. (i.e., pension)
- Food Stamp eligibility letter for current and previous years (2022 & 2023)
- Unemployment Compensation Benefits and forms
- Long term disability statements
- Child Support Order
- Outstanding medical bills