



2025 HARDSHIP DEFERRAL PROGRAM APPLICATION

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1. APPLICATION ACCEPTANCE PERIOD: FEBRUARY 1ST – APRIL 15TH, 2025
 2. NO APPLICATIONS WILL BE ACCEPTED AFTER APRIL 15TH, 2025
 3. APPLICATION SUBMISSIONS IN PERSON OR IF ASSISTANCE IS REQUIRED TO COMPLETE APPLICATION, AN APPOINTMENT WILL NEED TO BE SCHEDULED BY CALLING 239-242-3851.
 4. APPLICATION MAY BE MAILED WITH ALL COPIES OF DOCUMENTATION TO:

**CITY OF CAPE CORAL
CUSTOMER BILLING SERVICES
ATTN: HARDSHIP CLERK
PO BOX 150006
CAPE CORAL, FL 33915**

HARDSHIP DEFERRAL PROGRAM REQUIREMENTS

Required for Processing of Hardship Deferral Application:

1. Hardship Application (attached). Completed, signed, and notarized.
2. Copy(s) of Driver's License and or State ID for all Owners.
3. Completed Financial Worksheet (attached with application).
4. Homestead Exemption Card (Income producing properties do not qualify).
5. Proof that Property Taxes are paid current or meet eligibility for homestead tax deferral.
6. 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.
7. 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).
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. Twelve (12) months of all bank statements for 2024 (savings, checking, IRA, etc.)
10. Two most current pay stubs.
11. Child Support Order (if applicable).
12. Long Term Disability Statement (if applicable).
13. Unemployment Benefit Statement (if applicable).
14. Copies of Medical Bills (if necessary).

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 2025 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, 2025.** Non-receipt of the renewal information by April 15, 2025, 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) _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STRAP Number of Property (legal description): _____

I am applying for deferral of (please check all that apply):

☐ **North 1 West UEP**

☐ **North 2 UEP**

☐ **Legacy Assessments/Impact Fees**

☐ **Southwest 6&7 UEP**

☐ **Water Assessment**

☐ **CFEC Water**

☐ **Sewer Assessment**

☐ **CFEC Sewer**

☐ **Irrigation Assessment**

☐ **CFEC Irrigation**

☐ **Fire Service 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 _____, 2025

_____, 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: _____
CRYSTAL FEAST,
INTERIM FINANCE DIRECTOR

-OR-

SIGNATURE: _____
AUTHORIZED AGENT

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

THIS PAGE MUST BE COMPLETED TO ACCEPT APPLICATION
IF ANY OF THE FOLLOWING DOES NOT APPLY FOR YOU, PLEASE WRITE "N/A"

MONTHLY INCOME:

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

ASSETS:

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

TOTAL MONTHLY INCOME: \$ _____

TOTAL ASSETS: \$ _____

MONTHLY EXPENSES:

MORTGAGE	\$ _____
TAXES	\$ _____
LCEC	\$ _____
CITY WATER/SWR/IRR	\$ _____
FOOD	\$ _____
PHONE BILL	\$ _____
CABLE TV/ INTERNET	\$ _____
MEDICAL COSTS	\$ _____
AUTO INSURANCE	\$ _____
AUTO PAYMENTS	\$ _____
CHILDCARE	\$ _____
CARD PAYMENTS	\$ _____
PROPERTY MAINTENANCE	\$ _____
OTHER	\$ _____

LIABILITES/DEBTS:

MORTGAGE	\$ _____
CREDIT CARDS(S)	\$ _____
PERSONAL LOANS	\$ _____
AUTO LOANS	\$ _____
MEDICAL BILLS	\$ _____
OTHER	\$ _____

TOTAL LIABILITES/DEBTS: \$ _____

NOTE:

IF THERE ARE ANY INCOME, EXPENSES, ASSESTS,
DEBTS/LIABILITES NOT LISTED, PLEASE WRITE THEM
IN ON THIS SHEET

TOTAL MONTHLY EXPENSE: \$ _____

2025

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 239-242-3851 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 during which you are applying (2025)
- ☐ 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*
- ☐ 12 (twelve) (most current) consecutive bank *statements with logo* from January 2024 through December 2024, (including, checking, savings, IRA, etc.)
- ☐ Tax Returns and W2's for the last two years (2023 & 2024). (If you are “reapplying”, you will only need to provide 2024)
- ☐ 2 (two) most (current) consecutive pay stubs
- ☐ SS Form 1099 from Social Security for 2023 & 2024 (If you are “reapplying”, you will only need to provide 2024)
- ☐ Form 1099 (for 2024) for any other income you may receive. (i.e., pension)
- ☐ Food Stamp eligibility letter for current and previous years (2023 & 2024)
- ☐ Unemployment Compensation Benefits and forms
- ☐ Long term Disability Statements
- ☐ Child Support Order
- ☐ Outstanding medical bills