



Application for Hardship Deferral / Matching Grant

For Homesteaded Property Owners Only

Please check the boxes below for the appropriate application type:

- Hardship Deferral** - Applications accepted March 1 through May 1 (of the current year)
- Matching Grant** - Applications due prior to scheduled Final Public Hearing
- New Application**
- Renewal**

Owner of Record: _____

Address: _____

Daytime Phone: _____

STRAP Number: _____

Project Name: _____

Household Information

List names, ages, monthly income and ALL sources of income (employer, pension, social security, interest, trusts, etc.) for all property owners and household members 18 years of age and older.

Proof of Income is required - Include signed FULL copy of previous year's submitted tax return.

Name	<input style="width: 90%;" type="text"/>	Age	<input style="width: 20px;" type="text"/>	Gross Income	<input style="width: 90%;" type="text"/>	Source of Income	<input style="width: 90%;" type="text"/>
Name	<input style="width: 90%;" type="text"/>	Age	<input style="width: 20px;" type="text"/>	Gross Income	<input style="width: 90%;" type="text"/>	Source of Income	<input style="width: 90%;" type="text"/>
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Number of People in Household: Do you rent any portion of your primary residence? Yes No

Do you have any unpaid or delinquent property taxes? Yes No If yes, what is the amount?

Do you have any other rental properties? Yes No If yes, monthly gross amount?

Rental Property Address(es): _____

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Other Assets

List any other assets such as trusts, pension plans, realty property, intangible property or other. Attach supporting documentation.

I authorize sources mentioned herein to disclose any financial information pertaining to me from their records. I affirm that I am a full-time resident of Lee County, Florida living at the above stated address, which I own.

I further affirm that I have disclosed all income and assets of the household members, including but not limited to wages, social security, trusts, pension plans, stocks/bonds and/or gifts.

For Hardship Deferrals Only: I also affirm that this application is for a temporary deferment for which I am responsible to reimburse in full. I agree that in consideration of this deferment, the special assessment will need to be paid in full if and when the property is sold, transferred or refinanced. This assessment must be disclosed to the new party.

Print Name of Property Owner

Signature of Property Owner

Date

Notary Signature

Date

ID Verification: Personally Known

ID

FOR OFFICE USE ONLY

Application Review: Approved_____ Denied_____ Date_____

Name:_____ Title:_____