



# DENSITY BONUS PROGRAM SUMMARY REPORT

(To be filed annually)

Date Received: \_\_\_\_\_

Report should reflect the occupancy of the facility on September 30. The report must be received by Lee County Planning Division on or before November 1 of each year for a period of seven (7) years.

Property: \_\_\_\_\_

Location: \_\_\_\_\_

Total: \_\_\_\_\_

Total Bonus Density Units Awarded: \_\_\_\_\_

Total Units Occupied: \_\_\_\_\_

Submitted by (Owner/Manager): \_\_\_\_\_

Total Units Occupied by Very Low, Low, and Moderate Income Households: \_\_\_\_\_

Complete Below for all Bonus Units that are Occupied (attach additional sheets as necessary). Attach Verification Report:

Unit No.	Tenant Name	Annual Income	Unit No.	Tenant Name	Annual Income
123	John Doe	\$22,400			

I/We hereby certify that I/We am/are the owner(s)/manager(s) of the above property and that to the best of my/our knowledge, all the information is true and correct.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person providing oath or affirmation), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
Notary Public