



2026
HARDSHIP DEFERRAL PROGRAM
APPLICATION

Application acceptance period is from February 1st through April 15th, 2026. **Applications will not be accepted after April 15th, 2026.** If you are submitting your application in person at City Hall, please contact the City's Assessment Division or Hardship Clerk to schedule an appointment. Due to the quantity of applicants, walk-ins may not be accepted if the Hardship Clerk is booked with appointments. Appointments can be scheduled by calling the City's Assessment Division at (239) 242-3851 or email the Hardship Clerk at Ptheis@capecoral.gov. Any applications that are incomplete or are missing supporting documentation upon review may not be accepted. Applications 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 REQUIRED DOCUMENTS

*****Please make sure you include copies of all that apply below when you submit your application. Incomplete applications may not be accepted. 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. *****

- Hardship Application (attached). Completed, signed, and notarized.
NOTE: The City can provide a notary if needed upon submitting application in person.
- Copy(s) of Driver's License and/or State ID for all applicants.
- Homestead Exemption Card.
- Proof that Property Taxes are paid current.
- 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 if paid and current. *NOTE: If your lien holder is local, you may want to go to the branch and request the statement in person.*

*****All documents listed below (if applicable) must be provided from each individual residing at the property. If you have not previously qualified for a deferral, we require copies of 2024 in addition to 2025 for the documents listed with a “* “ symbol in front of the listed item.***

- * Copy of Tax returns for 2025.
- * W2's for 2025
- * 2025 Social Security Statement (Form 1099) and/or Social Security Benefit Statement(s).
- * 2025 Form 1099 for any other income you may receive (i.e. pension).
- 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.
- Twelve (12) months of all bank statements for 2025 (**savings, checking, etc. for January - December 2025**)
- Two (2) most current pay stubs.
- Child Support Order.
- Long Term Disability Statement.
- Unemployment Compensation Benefits and forms.
- Copies of Outstanding Medical Bills (if necessary).
- Food Stamp Eligibility Letter for 2025.

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

The Hardship Deferral Option is a program to provide a method whereby permanent City of Cape Coral residents can defer payment of all or a portion of Utility Extension Project special assessments. City residents whose total household income is at or below a certain level, as established by the United States Government, may apply for the hardship program option each year. The deferral would remain in effect until such time that the property is sold, any portion of ownership is transferred, any portion of the property is refinanced, or the applicant no longer meets the guidelines of the program. The applicant and the occupants of the property must meet the income criteria for the program, as separately established by City resolution. With the Hardship Deferral Program, a percentage of your annual installment/bill will be deferred. The percentage deferred will be based upon program qualifications. If qualifications are met for deferral, a lien will be placed on the property for the deferred amount. The remaining portion of your yearly installment/bill is still due and payable.

Owner(s) Name: _____

Mailing address: _____

Site Address:(if different from above) _____

Phone Number: _____

Email Address: _____

Strap Number of Property (legal description): _____

*Please check each box under the specific UEP that you are applying to defer.
Any assessment item(s) left unchecked below (in your specific UEP) will be billed on your property taxes.*

NORTH 1 EAST

<input type="checkbox"/> Water Assessment
<input type="checkbox"/> Sewer Assessment
<input type="checkbox"/> Irrigation Assessment
<input type="checkbox"/> CFEC Water
<input type="checkbox"/> CFEC Sewer
<input type="checkbox"/> CFEC Irrigation
<input type="checkbox"/> Fire Service Assessment

NORTH 1 WEST

<input type="checkbox"/> Water Assessment
<input type="checkbox"/> Sewer Assessment
<input type="checkbox"/> Irrigation Assessment
<input type="checkbox"/> CFEC Water
<input type="checkbox"/> CFEC Sewer
<input type="checkbox"/> CFEC Irrigation
<input type="checkbox"/> Fire Service Assessment

NORTH 2

<input type="checkbox"/> Water Assessment
<input type="checkbox"/> Sewer Assessment
<input type="checkbox"/> Irrigation Assessment
<input type="checkbox"/> Fire Service Assessment

SOUTHWEST 6&7

<input type="checkbox"/> Water Assessment
<input type="checkbox"/> Sewer Assessment
<input type="checkbox"/> Irrigation Assessment
<input type="checkbox"/> Fire Service Assessment

LEGACY

<input type="checkbox"/> Fire Service Assessment
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List the name(s) of all occupants living at the property; Social Security Number(s); ages; gross income; source of income:

Name	Age	SSN	Monthly Gross Income	Source of income
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

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CITY OF CAPE CORAL
P.O. BOX 150006
CAPE CORAL, FL 33915-0006

****This page must be completed****

**If any of the following below does not apply, please write "N/A". Do not leave blank spaces. **

Household Monthly Income:

Social Security	\$ _____
Retirement/ Pension	\$ _____
Salary	\$ _____
Annuity Income	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Rental Income	\$ _____
Interest	\$ _____
Dividends	\$ _____
Food Assistance	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

Household Assets:

Second Home	\$ _____
Other Real Estate	\$ _____
Stock/Bonds/Cd's	\$ _____
Savings	\$ _____
Checking	\$ _____
Money Market	\$ _____
Life Insurance	\$ _____
IRA	\$ _____
401(k)	\$ _____
Pension	\$ _____
Other	\$ _____
Total Assets	\$ _____

Household Monthly Expenses:

Mortgage	\$ _____
Taxes *If paid monthly	\$ _____
LCEC	\$ _____
Water Bill	\$ _____
Food	\$ _____
Phone Bill	\$ _____
Cable Tv/ Internet	\$ _____
Medical Costs	\$ _____
Auto Insurance	\$ _____
Auto Payments	\$ _____
Childcare	\$ _____
Property Maintenance	\$ _____
Credit Card Payments	\$ _____
Total Monthly Expenses:	\$ _____

Household Liabilities/Debts:

Mortgage	\$ _____
Credit Card(s)	\$ _____
Personal Loans	\$ _____
Auto Loans	\$ _____
Medical Bills	\$ _____
Other	\$ _____
Total Liabilities/Debts:	\$ _____

Note: Please write below on this sheet any Income, Expenses, Assets or Debts/Liabilities, that are not listed.

Please Print your name below and check each box for acknowledging the submission of your application.

- 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.
- 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.
- 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.

Signature(s) below must be signed in the presence of a notary public

(Applicant's Signature) _____ / _____ / 2026
(Date)

(Applicant's Signature) _____ / _____ / 2026
(Date)

Signature (Witness) _____ Signature (Witness)

Printed (Witness) _____ Printed (Witness)

**STATE OF FLORIDA
COUNTY OF LEE**

Sworn to and subscribed before me this _____ day of _____, 2026

_____, who is
Personally known to me or has produced, Florida Driver's License (type of Photo Identification).

Signature (Notary)

Printed (Notary)

Commission Number _____