

**CITY OF SOPCHOPPY  
APPLICATION FOR CAPACITY FEE  
DEFERRAL**

**REQUIRED INFORMATION:**

**To apply for Capacity Fee Deferral, the applicant must file with the City this application, under oath, which provides the following required information necessary to demonstrate entitlement to the Deferral and the requirements for implementing the Deferral program:**

- (1) The applicant must be the owner of the residential property and the property must have a homestead exemption status pursuant to Chapter 196, F.S. or the applicant must attest to its intention to file for homestead exemption during the following application period.
- (2) The total gross income of all lawful occupants of the property shall be less than or equal to the Extremely Low Income Limits (for 100% Deferral), or Very Low Income Limits (for 50% deferral) of the annual Income Limits Documentation System for Wakulla County (or the Sopchoppy Fair Market Rent area if this information is later disaggregated) as established by the U.S. Department of Housing and Urban Development, as adjusted for family size.
- (3) The applicant shall have the present intent to maintain the residential property as their Permanent Residence throughout the remainder of the term of this Agreement. If the applicant maintains the residential property as their Permanent Residence for a term of ten years, the deferred amount shall be discharged without further action by the City.
- (4) The deferred amount shall bear interest as the rates set for interest on judgments in the State of Florida.
- (5) The applicant shall grant the City a lien on the Property which may be foreclosed by the same process as foreclosure of any other lien and shall include waiver of Homestead Protections granted under Florida law.
- (6) You must file this application with the City UNDER OATH with proof of homestead exemption and proof of total income for the prior year. (PLEASE PRINT CLEARLY):

1. Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Property Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Parcel ID#: \_\_\_\_\_

3. Name of all occupants of the residential property, including all dependents giving their names, addresses, ages, relationships, and employment:

Occupant 1 : \_\_\_\_\_

Occupant 2 : \_\_\_\_\_

Occupant 3 : \_\_\_\_\_

Occupant 4 : \_\_\_\_\_

Occupant 5 : \_\_\_\_\_

4. Proof of the total household income of ALL OCCUPANTS 18 years of age and older of the residential property. Proof must include Pay Stubs, Unemployment Income, Social Security Income Statements, AFDC Benefit Statement, Bank Statements, or IRS Income Tax Returns. Applications submitted without proper documentation may be denied.
5. By signing below, owners indicate that they are entitled to the deferral and that they have the present intent to maintain such residential property as their permanent residence for the remainder of this Agreement.
6. The applicant shall furnish any other information relating to the application as may be reasonably requested. Failure to provide requested information by the requested deadline may result in denial of the application.

#### APPROVAL PROCEDURE

Eligibility for hardship assistance will be submitted to the City Clerk and a determination will be based upon the criteria required for this application. The City Clerk may approve the appropriate deferral of the Capacity Fee upon a parcel of residential property whose Owner timely and satisfactorily demonstrates by affidavit and documentation that the criteria are met. The Affidavit and Grant of Lien shall be signed by all owners of their property and their spouse if married.

BREACH BY APPLICANT

It shall be a breach by applicant if any information in this application is determined to be incomplete or inaccurate or if the applicant fails to obtain and maintain homestead exemption for the required period of this Agreement or upon sale or abandonment of the Property.

AFFIDAVIT AND GRANT OF LIEN

I hereby swear or affirm that the information I have provided in this application is true and correct.

I hereby grant a lien on the Property in favor of the City, which shall bear interest at the rate stated above and which may be foreclosed in the manner of foreclosing any other lien in the state of Florida and waive the Homestead Protections provided by Florida law. The City shall be entitled to recover as part of its Foreclosure Judgement all attorney's fees and costs incurred in the enforcement of its lien.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner/Spouse Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF WAKULLA

Sworn or affirmed and subscribed before me on this \_\_ day of \_\_\_\_\_, 20\_\_,  
by \_\_\_\_\_ and \_\_\_\_\_ who  
first took an oath and [ ] provided \_\_\_\_\_

\_\_\_\_\_  
as identification or [ ] are personally known to me. They appeared [ ] personally before me or  
[ ] by remote notification.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

SUBMIT COMPLETED APPLICATION and SUPPORTING DOCUMENTS TO the City Clerk.