



**COLLIER COUNTY  
IMPACT FEE DEFERRAL  
PROGRAM**

**Community and Human Services Division  
3339 East Tamiami Trail  
Building H, Room 211  
Naples, Florida 34112  
(239) 252-4663  
(239) 252-6542 FAX  
[www.colliergov.net](http://www.colliergov.net)**

**COLLIER COUNTY COMMUNITY AND HUMAN SERVICES DIVISION**  
**IMPACT FEE DEFERRAL ASSISTANCE PROGRAM**

1. **How do I qualify for this deferral?** You must be a first-time home buyer and your annual gross household income cannot exceed the maximum income limits, adjusted for household size. The current income limits are as follows for those earning less than 120% AMI (moderate-2019 incomes):

|                    |                    |                     |                     |
|--------------------|--------------------|---------------------|---------------------|
| 1 Person \$65,880  | 3 Persons \$84,600 | 5 Persons \$101,520 | 7 Persons \$116,520 |
| 2 Persons \$75,240 | 4 Persons \$93,960 | 6 Persons \$109,080 | 8 Persons \$124,080 |

2. **What is a first time home buyer?** All homebuyers must have not owned a home for at least three (3) years.
3. **Are there any restrictions concerning the location of the property?** No. The only criteria is that the property must be located in Collier County.
4. **Are there residency requirements?** Yes. You must show proof of United States residency with an original one of the following documents: United States Passport, Certificate of United States Citizenship, Certificate of Naturalization, Permanent Resident Card with photograph or original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal.
5. **Can I apply for the deferral program now?** Yes, you may apply at Collier County Community and Human Services Division. Funds are available on a first come, first served basis, and are limited by the amount of money available through the program. There is a \$350.00 application fee per applicant.
6. **So what's the catch?** The "catch" is that you must occupy the home as your permanent residence. Deferrals are due upon the refinance of the first mortgage, sale of the home, or loss of homestead exemption. The entire amount is due and payable at that time along with five percent interest per year capped at 25% of the total lien amount.
7. **Are there limits on the price of the home?** Yes. The maximum price of a home is \$300,000.
8. **Are their limits to the amount of monthly payment?** The monthly mortgage payment, including taxes and insurance, must not exceed 30 percent of that amount which represents the percentage of the median annual gross income for the applicable household; unless the first mortgage holder deems the household can afford mortgage payments in excess of the 30 percent benchmark.
9. **What should I take to the Collier County Community and Human Services Division when I apply for my deferral?** You must have a building contract and financial commitment contingent upon receiving an impact fee deferral, or building plans to be able to secure a building permit, and the financial resources to be able to secure a mortgage loan commitment.
10. **Are rent to own homes included?** Yes, as long as the title will pass within 24 months.
11. **Who pays to record the lien?** The applicant/builder/developer will pay the recording fees at the time of recording.
12. **What other information should I be aware of?** All assisted properties must procure and continue to be homesteaded or the lien will become due and payable. All regulations governing the deferral program can be located under Section 74.401 of the Collier County Code of Ordinances, at [colliercountyfl.gov](http://colliercountyfl.gov).
13. **What if I am a developer:** You may have up to 50 impact fee deferrals at one time in a company name. Once a lien is re-recorded and assigned to the new homebuyer, the developer may add another deferral, but never more than 50 outstanding agreements at one time.
14. **Who do I call if I have questions about the impact fee deferral program?**

Collier County Community and Human Services Division  
3301 East Tamiami Trail  
Building H, Suite 211  
Naples, Florida 34112  
Phone (239) 252-4663 Fax (239) 530-6542



## COLLIER COUNTY IMPACT FEE DEFERRAL ASSISTANCE PROGRAM APPLICATION FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Number of persons intending to reside in home: \_\_\_\_ Number of adults: \_\_\_\_ Number of children under 18: \_\_\_\_

.....

Builder: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

.....

### PROPERTY

Address of property to be purchased: \_\_\_\_\_ (City)  
 \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Legal description of the property: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Land Included in Price: \_\_\_\_ Yes \_\_\_\_ No  
 Land Price (if separate): \_\_\_\_\_ Is the property within the City of Naples? \_\_\_\_ Yes \_\_\_\_ No

Does the borrower currently own the land? \_\_\_\_ No \_\_\_\_ Yes, Date Purchased: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

Anticipated Certificate of Occupancy Date: \_\_\_\_\_  
 Residence Type: \_\_\_\_ Single Family Detached \_\_\_\_ Condo \_\_\_\_ Modular Home  
 First-Time Home Buyer: \_\_\_\_ Yes \_\_\_\_ No (Cannot have had home ownership past three years)

.....

#### Household Data (to be completed by Administrator or Designee)

| Number of Persons |       |          |       |                 |       |        |       |       |     |
|-------------------|-------|----------|-------|-----------------|-------|--------|-------|-------|-----|
| By Race/Ethnicity |       |          |       |                 |       | By Age |       |       |     |
| White             | Black | Hispanic | Asian | American Indian | Other | 0-25   | 26-40 | 41-61 | 62+ |
|                   |       |          |       |                 |       |        |       |       |     |

| Special Target/Special Needs (Check all that apply) |                          |          |         |       |
|---|--------------------------|----------|---------|-------|
| Farm Worker   | Developmentally Disabled | Homeless | Elderly | Other |
|   |                          |          |         |       |

**NOTE:** Information concerning the race or ethnicity of the occupants is being gathered for statistical use only. No occupant is required to give such information unless he or she desires to do so, and refusal to give such information will not affect any right he or she has as an occupant.

**CURRENT & PAST RESIDENCE FORM  
COLLIER COUNTY IMPACT FEE DEFERRAL PROGRAM**

Borrower:

Co-Borrower:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address:

\_\_\_\_\_ (street) \_\_\_\_\_ (apt. number)

\_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Current rent amount: \$\_\_\_\_\_ Number of years at current address: \_\_\_\_\_

Current landlord: \_\_\_\_\_ (phone) \_\_\_\_\_

Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

**Principle Residence for Prior Three Years if different from above**

| Address | Dates Occupied From/To | Owner's Name/Address | Relationship of Owner to Me ("none" or state relationship by blood or marriage) |
|---------|------------------------|----------------------|---|
|---------|------------------------|----------------------|---|

1. \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COLLIER COUNTY IMPACT FEE DEFERRAL PROGRAM  
APPLICANT RELEASE AND CONSENT**

We \_\_\_\_\_ the undersigned hereby  
(homebuyer)  
authorize \_\_\_\_\_ to release  
(builder/lender)

without liability, information regarding my/our employment income and/or assets to COLLIER COUNTY for purposes of verifying information provided as part of the impact fee deferral assistance program.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to, personal identity, employment, income and assets, medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us is not pertinent to my eligibility for this program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |  |                                |  |
|--|--------------------------------|--|
| Past and Present employers                             | Welfare Agencies               | Veterans Administration                |
| Previous Landlords (including public housing agencies) | State Unemployment Agencies    | Retirement Systems                     |
|  | Social Security Administration | Banks and other Financial Institutions |
|  | Support and Alimony providers  |  |

**CONDITIONS**

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We have a right to review this file and correct any information that I/we can prove is incorrect.

**SIGNATURES**

|                   |              |       |
|-------------------|--------------|-------|
| _____             | _____        | _____ |
| Head of Household | (print name) | Date  |
| _____             | _____        | _____ |
| Spouse            | (print name) | Date  |
| _____             | _____        | _____ |
| Adult member      | (print name) | Date  |
| _____             | _____        | _____ |
| Adult member      | (print name) | Date  |

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506 "Request for copy of tax form" must be prepared and signed separately.

## Collier County Impact Fee Deferral Program

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### Verification of U.S. Citizenship or Permanent Residency Status

Collier County Impact Fee Deferral Program recipients must provide documented evidence of their U.S. citizenship or permanent residency status before they may be approved for participation in the program. The applicant may present either one document that establishes both citizenship/residency and identity (List A), or separate documents to establish citizenship/residency and identity (Lists B and C). Only originals or certified copies are acceptable.

Collier County Community and Human Services Division staff must complete this form before Impact Fee Deferral Program approval may be issued. Staff are to examine the documents presented, check the boxes in List A *or* Lists B and C (as appropriate), and provide the document identification number and expiration date for each document checked.

Staff will then sign and date the form to certify that the documents have been examined and that the applicant meets the citizenship/residency requirements of the Collier County Impact fee Deferral Program. A completed copy of this form will be kept in the applicant's permanent file.

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**Applicant Name:**

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Complete *either* List A *or* Lists B and C (see above)

| List A<br>Identity and Residency  | List B<br>Identity  | List C<br>Residency  |
|---|---|--|
| <input type="checkbox"/> United States Passport<br><input type="checkbox"/> Certificate of US Citizenship<br><input type="checkbox"/> Certificate of Naturalization<br><input type="checkbox"/> Permanent Resident Card with Photograph | <input type="checkbox"/> State issued Driver's License or ID Card with photograph | <input type="checkbox"/> Birth Certificate bearing an original seal or other certification |
| Document Identification No.   | Document Identification No.   | Document Identification No.  |
| Expiration Date (if any)  | Expiration Date (if any)  | Expiration Date (if any)   |

I certify that I have examined the documents presented by the above named applicant and that to the best of my knowledge he/she is a

US Citizen *or*

Permanent Legal Resident and is eligible to participate in the Collier County Impact Fee Deferral Program.

|   |
|---|
| Name  |
| Title   |
| Signature <span style="float: right;">Date</span> |

# Collier County Impact Fee Deferral Program

## RESIDENT INCOME CERTIFICATION

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Income is certified according to A. **OR** B. below:

A. **Most Recent tax Returns** (please provide a copy of the most recent returns for each household member)

Total Income found on Tax Return(s): \$ \_\_\_\_\_

### Household Information

| Member | Names - All Household Members | Relationship | Age |
|--------|-------------------------------|--------------|-----|
| 1      |                               |              |     |
| 2      |                               |              |     |
| 3      |                               |              |     |
| 4      |                               |              |     |
| 5      |                               |              |     |
| 6      |                               |              |     |
| 7      |                               |              |     |

Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in "Household Members" over the age of 18, most recent filed tax returns. For members without a tax return, if applicable, section B below has been completed.

I/We certify that the information is true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 04 775.83.

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Spouse or Co-Head of Household**

\_\_\_\_\_  
**Date**

**Note:** All applicant files and income documentation are subject to public purview according to Florida's Public Records Laws, Chapter 119, Florida Statutes.

**If no tax returns are available, please complete the following Section B.**



**B. If no recent return is available, please complete the following:**

**Assets:** All household members including minors

| Member   | Asset Description | Cash Value | Asset Income |
|--|-------------------|------------|--------------|
| 1  |                   |            |              |
| 2  |                   |            |              |
| 3  |                   |            |              |
| 4  |                   |            |              |
| 5  |                   |            |              |
| 6  |                   |            |              |
| 7  |                   |            |              |
| Total Cash Value of Assets   |                   | D(a) \$    |              |
| Total Income from Assets   |                   | D(b)       | \$           |
| If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate <u>2.0</u> %) and enter results in D(c), otherwise leave blank. |                   | D(c)       | \$           |

**Anticipated Annual Income:** Includes unearned income and support paid on behalf of minors.

| Member | Wages / Salaries (include tips, commission, bonuses and overtime) | Benefits / Pensions | Public Assistance | Other Income | Asset Income<br>(Enter the greater of box D(b) or box D(c), above, in box E(e) below) |
|--------|---|---------------------|-------------------|--------------|---|
| 1      |   |                     |                   |              |   |
| 2      |   |                     |                   |              |   |
| 3      |   |                     |                   |              |   |
| 4      |   |                     |                   |              |   |
| 5      |   |                     |                   |              |   |
| 6      |   |                     |                   |              |   |
| 7      |   |                     |                   |              |   |
|        | (a)   | (b)                 | (c)               | (d)          | (e)   |
| Totals | \$  | \$                  | \$                | \$           | \$  |

|   |    |
|---|----|
| Enter total of items E(a) through E(e). This amount is the <b>Annual Anticipated Household Income</b> | \$ |
|---|----|

**Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in "Household Members", acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head of Household

\_\_\_\_\_  
Date

**Note:** All applicant files and income documentation are subject to public purview according to Florida's Public Records Laws, Chapter 119, Florida Statutes.

**TOTAL HOUSEHOLD INCOME:** \$ \_\_\_\_\_.

**Administrator Statement:** Based on the representations herein, and upon the proofs and documentation submitted, hereof, the family or individual(s) named in "Household Members" of this Resident Income Certification is/are eligible under the provisions of Section 74-401 of the Collier County Code of Laws and Ordinances, the family or individual(s) constitute(s) a: (check one)

- Very Low Income (VLI) Household** means individuals or families whose annual income does not exceed 50% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size (maximum Income Limit \$ \_\_\_\_\_).
- Low Income (LI) Household** means individuals or families whose annual income does not exceed 80% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size (maximum Income Limit \$ \_\_\_\_\_).
- Moderate Income (MI) Household** means individuals or families whose annual income does not exceed 120% of the area median income as determined by the U.S. Department of Housing and Urban Development with adjustments for household size (maximum Income Limit \$ \_\_\_\_\_).

Based upon the \_\_\_\_\_ (year) income limits for Naples, Immokalee and Marco Island Metropolitan Statistical Area (MSA) or County, Florida.

**Signature of the Developer Administrator or Designated Representative (if applicable):**

**Signature of CHS Staff Reviewer**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
(Print or type name)

Name \_\_\_\_\_  
(Print or type name)

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**CHS MANAGEMENT REVIEWER**

\_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
(Print or type name)

Title \_\_\_\_\_

Date \_\_\_\_\_

**ONLY COMPLETE IF NO TAX RETURN IS AVAILABLE**  
**VERIFICATION OF EMPLOYMENT REQUIREMENTS**

**In order to verify employment, we require the following items:**

**Current year-to-date pay stubs documenting most recent one month of employment**

**AND ONE THE FOLLOWING**

**The standard FNMA written Verification of Employment form, completed in full**

**OR**

**A verbal verification of employment form completed in full**

**OR**

**The enclosed Verification of Employment form.**

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**Income must be verified on all household members 18 years or older.**

**The Unemployment Affidavit is needed on all household members that are 18 years or older that are not currently employed.**

# ONLY COMPLETE IF NO TAX RETURN IS AVAILABLE

## Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Instructions: Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1. Employer- Please complete either Part II or Part III as applicable. Complete part IV and return directly to lender named in item 2. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

### Part I – Request

|  |  |
|--|--|
| <b>1. To (Name and address of employer)</b><br><br>                | <b>2. From (Name and address of lender)</b><br>Collier County Community and Human Services Division<br>3339 East Tamiami Trail,<br>Bldg. H, Rm 211<br>Naples, FL 34112<br>(239) 252-4663 Fax: (239) 530-6542 |
| <b>3. Name and Address of Applicant</b> also include phone number. | <b>4. Signature of Applicant</b>   |

### Part II – Verification of Present Employment

| <b>5. Applicant's Date of Employment</b><br><br>   | <b>6. Present Position</b><br><br> | <b>7. Probability of Continued Employment</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |              |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
|--|------------------------------------|--|--------------|-----------|-----------|----------|------------------------|----------|----------|----------|----------|----------|----------|-------------|----------|----------|----------|-------|----------|----------|----------|-------|----------|----------|----------|---|
| <b>8A. Current Gross Base Pay (Enter Amount and Check Period)</b><br><input type="checkbox"/> Annual _____ <input type="checkbox"/> Hourly _____<br><input type="checkbox"/> Monthly _____ <input type="checkbox"/> Weekly _____<br><br>\$ _____<br><b>8B. Gross Earnings</b>  |                                    | <b>10. If overtime or bonus is Applicable,</b><br>Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Bonus? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is its Continuance Likely? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">9. Type</th> <th style="width: 15%;">Year to Date</th> <th style="width: 15%;">Past Year</th> <th style="width: 15%;">Past Year</th> </tr> </thead> <tbody> <tr> <td>Base Pay</td> <td style="text-align: center;">\$ _____<br/>Thru _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Overtime</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Commissions</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Bonus</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> |                                    | 9. Type  | Year to Date | Past Year | Past Year | Base Pay | \$ _____<br>Thru _____ | \$ _____ | \$ _____ | Overtime | \$ _____ | \$ _____ | \$ _____ | Commissions | \$ _____ | \$ _____ | \$ _____ | Bonus | \$ _____ | \$ _____ | \$ _____ | Total | \$ _____ | \$ _____ | \$ _____ | <b>11 If paid hourly- average hours per week.</b><br><br><b>12 Are Employees hours adjusted by season</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Type  | Year to Date                       | Past Year  | Past Year    |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
| Base Pay   | \$ _____<br>Thru _____             | \$ _____   | \$ _____     |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
| Overtime   | \$ _____                           | \$ _____   | \$ _____     |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
| Commissions  | \$ _____                           | \$ _____   | \$ _____     |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
| Bonus  | \$ _____                           | \$ _____   | \$ _____     |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
| Total  | \$ _____                           | \$ _____   | \$ _____     |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
|  |                                    | <b>13. Date of applicants last raise &amp; amount</b><br><br>  |              |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |
|  |                                    | <b>14. Date of applicants next raise and projected amount</b><br><br>  |              |           |           |          |                        |          |          |          |          |          |          |             |          |          |          |       |          |          |          |       |          |          |          |   |

**15. Remarks** (If employee was off work for any length of time please indicate time period and reason)

**Part IV Authorized Signature** – Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the USDA, FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

|   |   |                 |
|---|---|-----------------|
| <b>15. Signature of Employer</b><br><br>        | <b>16. Title</b> (Please print or type) | <b>17. Date</b> |
| <b>18. Print or type name signed in Item 21</b> | <b>19. Phone Number</b>                 |                 |

**ONLY COMPLETE IF NO TAX RETURN IS AVAILABLE**

**COLLIER COUNTY  
COMMUNITY AND HUMAN SERVICES DEPARTMENT  
IMPACT FEE DEFERRAL PROGRAM  
UNEMPLOYMENT AFFIDAVIT**

Before me this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared

\_\_\_\_\_ who, being duly sworn, deposes and says:

1. I have made application for impact fee assistance from the Collier County Community and Human Services Division.

2. Check (a) or (b) as applicable:

\_\_\_\_\_(a) I am not presently employed but anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills and income history as reflected in my income tax return for the most recent tax year (copy attached) and with adjustments to reflect circumstances anticipated within the next twelve months, I expect to earn \$ \_\_\_\_\_ per year when I become employed.

\_\_\_\_\_(b) I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_.

Such person(s) Notary Public must check applicable box:

- are personally known to me.
- produced her current driver license.
- produced \_\_\_\_\_ as identification.

**(Notary Seal)**

\_\_\_\_\_  
Notary Public  
Printed Name of Notary: \_\_\_\_\_  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**ONLY COMPLETE IF NO TAX RETURN IS AVAILABLE**

**CHILD SUPPORT/ALIMONY AFFIDAVIT**

Please check the boxes that apply below:

I do have a court order for child support. (Please attach the court order) for the following dependents:

\_\_\_\_\_  
\_\_\_\_\_

I do have a court order for alimony. (Please attach the divorce decree)

I do not have a court order for alimony.

I do receive child support, which is not court ordered, in the amount of \$\_\_\_\_\_ per month and this is anticipated to continue for the next twelve months which would be a gross annual amount of \$\_\_\_\_\_.

I do receive alimony, which is not court ordered, in the amount of \$\_\_\_\_\_ per month and this is anticipated to continue for the next twelve months which would be a gross annual total of \$\_\_\_\_\_.

I do not have a court order for child support.

I do not receive child support for the following dependents:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*If you do not receive alimony or child support and you have a court order you must provide proof that you are not receiving any Income. (Payment statement from the court or HRS office)**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date