

Submit Application to: liensettlements@hcfl.gov



**Hillsborough
County Florida**

APPLICATION FOR LIEN SETTLEMENT

***Note: property must be in compliance. A lien settlement request will not be processed unless violations are complied**

Date of request:	<input type="text"/>	Case #	<input type="text"/>
Requestor:	<input type="text"/>		
Affiliation with property: (i.e.: owner, broker, etc.)	<input type="text"/>		
Company Name and Address: (where correspondence should be sent)			
<input type="text"/>			
City, State, Zip Code:			
<input type="text"/>			
Daytime phone number:		<input type="text"/>	
Fax number:		<input type="text"/>	
Email address:		<input type="text"/>	
How would you like to receive the results of the lien settlement to you?		<input type="checkbox"/> Mail (please provide a self-addressed stamped envelope) <input type="checkbox"/> Email <input type="checkbox"/> Other	

Property address(es):	<input type="text"/>
Folio#:	<input type="text"/>
Full Name of Owner:	<input type="text"/>
If you are not the owner, a completed authorization form must accompany this application*	

Previous Owner and Address (if less than 6 months):	
<input type="text"/>	
Is property currently bank or trust-owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bank/Trust:	<input type="text"/>
Does bank/trust have interest in other properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify all addresses on a separate sheet of paper.*

Was property that is subject of this request foreclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is property vacant/abandoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this property the subject of a bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide judgment
Was this property acquired through a tax deed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide title
Are there any liens on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include copies. These liens will require separate settlement
Are there code violations on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide proof that property is in compliance. A lien settlement request will not be processed unless violations are complied
Hardships: If the subject property is listed with the Hillsborough County Property Appraiser as Homesteaded you may qualify for hardship consideration i.e. severe financial hardship; Active Duty/Veteran status; other difficulties [senior citizen, medical issues, etc.]. If this applies, supporting documentation will be required and submitted to management for review and approval.	Provide copy of any documentation supporting hardship
Estimated closing date: <input type="text"/> There are no assurances the settlement process will be able to meet your closing timeframe. Please allow sufficient time for the lien settlement process	Provide copy of sales contract if it is available

***NOTE: Failure to disclose all requested documentation may result in substantial delays in processing your application**

Fine Amount Due: \$ <input style="width: 600px; height: 30px;" type="text"/>

Please describe your situation:

*Note: You may attach any additional documents for consideration

Under penalty of perjury, the undersigned:

- swears or affirms that the information provided on this Application for Lien Settlement is true and correct; and
- further acknowledges that he/she was given an opportunity to ask questions regarding the procedures

Applicant's Signature

DATE

STATE OF
COUNTY OF

The foregoing was sworn and subscribed before me this ____ day of _____, 20____, by
, who is personally known to me/or who has produced
 as identification and appeared before me at the time of
notarization.

Stamp:

Notary Public - Signature

Notary Public - Print Name

AUTHORIZATION TO REPRESENT PROPERTY OWNER

If a property owner desires to have an authorized representative discuss his/her case, present evidence, or to agree to compliance terms on the property owner's behalf, this additional form must be completed and returned prior to any settlement action.

I, , Owner of the property
(Print Name)
located at in Hillsborough County, FL,
(Address)
hereby appoint who can be contacted at
(Print Name)

(Address and Phone Number)

to represent me and is authorized to agree to compliance terms on my behalf for the following case number(s):

WITNESS:

OWNER:

DATE:

DATE:

STATE OF

COUNTY OF

The foregoing was sworn and subscribed before me this ____ day of _____, 20 ____, by
, who is personally known to me/or who has produced
 as identification and appeared before me at the time of
notarization.

Stamp:

Notary Public - Signature

Notary Public - Print Name