



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:	Case #
Requestor:	
Affiliation with property: (i.e.: owner, broker, etc.)	
Company Name and Address: (where correspondence should be sent)	
City, State, Zip Code:	
Daytime phone number:	
Fax number:	
Email address:	
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"/> Fax <input type="checkbox"/> Email

Property address(es):
Folio#:
Full Name of Owner:
If you are not the owner, a completed authorization form must accompany this application*

Previous Owner and Address (if less than 6 months):	
Is property currently bank or trust-owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bank/Trust:	
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 If yes, please provide the following:* <input type="checkbox"/> Lis Pendens <input type="checkbox"/> Final Judgment <input type="checkbox"/> Certificate of Title
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
Is property vacant/abandoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and this was a foreclosure, please obtain a copy of the property registration and provide proof
Estimated closing date: There are no assurances the settlement process will be able to meet your closing timeframe. Please allow sufficient time for the lien settlement process	<input type="checkbox"/> Provide copy of sales contract if available

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

Fine Amount Due: \$

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 Release/Reduction 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:

DATE:

OWNER:

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