



DENSITY BONUS PROGRAM SUMMARY REPORT

(To be filed annually)

Date Received: _____

Report should reflect the occupancy of the facility on September 30. The report must be received by Lee County Planning Division on or before November 1 of each year for a period of seven (7) years.

Property: _____

Location: _____

Total: _____

Total Bonus Density Units Awarded: _____

Total Units Occupied: _____

Submitted by (Owner/Manager): _____

Total Units Occupied by Very Low, Low, and Moderate Income Households: _____

Complete Below for all Bonus Units that are Occupied (attach additional sheets as necessary). Attach Verification Report:

Unit No.	Tenant Name	Annual Income	Unit No.	Tenant Name	Annual Income
123	John Doe	\$22,400			

I/We hereby certify that I/We am/are the owner(s)/manager(s) of the above property and that to the best of my/our knowledge, all the information is true and correct.

Owner's Signature

Date

Owner's Signature

Date

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization on _____ (date) by _____ (name of person providing oath or affirmation), who is personally known to me or who has produced _____ (type of identification) as identification.

Notary Public