



VICTOR CARSTARPHEN
MAYOR

DEPARTMENT OF FINANCE
CITY OF CAMDEN
NEW JERSEY

Bureau of Revenue Collections
TEL: (856) 757-7003

REQUEST FOR LIEN REDUCTION

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

PROPERTY INFORMATION

BLOCK _____ LOT _____ QUALIFER _____ COMMERCIAL _____ RESIDENTIAL _____ OTHER _____

PROPERTY LOCATION _____

TAX SALE CERTIFICATE# _____

AMOUNT OF LIEN AS OF DATE: _____

PROPOSED USE OF PROPERTY: _____

Do you own any other land/property in the City of Camden? Yes _____ No _____

If "yes", list land/property addresses (attach additional pages if needed) _____

Do you have any outstanding taxes, water or sewer charges, code violations, fees, judgements or any indebtedness owed to the City? Yes _____ No _____

If "yes", what are the land/property addresses?

If the City Council approves your property for lien reduction you will be required to pay within 60 days after the resolution becomes effective. Will you be able to pay the reduced balance in full at that time? _____

In order for the Lien Review Committee to consider your application you must attach the following:

- 1. Letter of denial from a bank or lending institution for the loan or mortgage to pay the lien in full
- 2. Copy of an appraisal report prepared by a New Jersey Licensed appraiser
- 3. Copy of the deed including seller's affidavit form (See the County Clerk's Office, City Hall room 102)

I hereby certify that all of the above information is true and correct. By submitting this request, I hereby give permission to the City of Camden to conduct an appropriate investigation to verify responses, where such permission is required by applicable law.

Signature Of Applicant

Date

For office use only:

Amount of Lien: _____ Value of Appraisal: _____

Date of Purchase: _____

Approval of the Director of Finance yes no

Date: _____

Signature: _____