

CITY OF CAMDEN

OFFICE OF ASSESSMENTS
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SUPPLEMENTAL INCOME TAX FORM "AFFIDAVIT"

	affidavit is equired to							aim I	by the a	applica	int tha	t they are	
I,						swea	ar a	nd	affirm	that	the	following	
staten	nents are	true:											
1.	I am (ch	eck one))										
		A Se	enior Citi	zen									
		Disa	bled Per	rson, or									
		Surviving Spouse/Surviving Civil Union Partner											
2.	I am <u>no</u> Return u			le a prio	or or cur	rrent year	Fede	eral	or State	e Incor	me Ta	иX	
	stand they								•	_		pelief, and r perjury if	
	e be advi on of Tax		at this i	nformatio	on being	g furnishe	ed by	yo.	u may	be ve	erified	with the	
Signature of Claimant							Date						

^{*}Applicants completing this form may be required to submit a copy of their most recent bank statement(s) with the application.