

CITY OF CAMDEN

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PHONE (856) 757-7017 FAX (856) 968-4721 assessor@ci.camden.nj.us

SUPPLEMENTAL RESIDENCE STATUS "AFFIDAVIT"

as sho	own		a Suppleme most recer								
I,						_ swear	and	affirm	that	the	following
staten	nent	ts are t	rue:								
1.	. I am (check one)										
			Married a	nd Separate	ed						
			Widow or	Widower							
2.			se as shov e in which th				eed do	oes not	reside	at the	e
	stan		e above de will be con					•	•		
		e advis	sed that thi ation.	s information	on being f	urnished	by yo	ou may	be ve	erified	with the

Date

Signature of Claimant