

APPLICATION FOR INSTALLMENT PAYMENT AGREEMENT

INSTRUCTIONS

- Request Lien Redemption Statement from Tax Office Representative *IN PERSON OR BY EMAILING A REQUEST TO tax@camdennj.gov* ***PLEASE NOTE: ALL REQUESTS WILL BE MAILED OR EMAILED BACK TO YOU AT THE ADDRESS OR EMAIL PROVIDED
- Complete the Installment Agreement Application
- Return completed copy of the Installment Payment Agreement Application and ALL required documentation listed below to the Tax Office by mail or in person. The Tax Collector will review and submit a response by mail or email WHETHER THE APPLICATION HAS BEEN APPROVED OR NOT.

REQUIRED DOCUMENTATION

PLEASE NOTE: FAILURE TO SUBMIT **ALL DOCUMENTATION** BELOW WILL RESULT IN DENIAL OF YOUR APPLICATION

- Fully completed Installment Payment Agreement Application
- Written Proof of Denial of Loan or Mortgage for the outstanding amount owed from the Bank or other Lending Institution
- Current proof of monthly income (as indicated on application)
- Current proof (copies only) of monthly expenses (as indicated on application)
- Current Photo Identification

*****PLEASE NOTE:** Installment Agreements require a Down Payment of at least 10% of the outstanding balance. Please indicate on the application if you can put more than 10% down. This will possibly lower your monthly payment if approved.

ALL INSTALLMENT PAYMENT AGREEMENTS ARE SUBJECT TO REVIEW AND
FINAL APPROVAL BY THE TAX COLLECTOR FOR THE CITY OF CAMDEN



VICTOR CARSTARPHEN
MAYOR

DEPARTMENT OF FINANCE
CITY OF CAMDEN
NEW JERSEY

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

INSTALLMENT PAYMENT AGREEMENT APPLICATION

BLOCK_____ LOT_____ QUAL_____

TAX SALE CERTIFICATE NUMBER _____

PROPERTY LOCATION _____

PROPERTY OWNER NAME _____

MAILING ADDRESS _____

CONTACT TELEPHONE NUMBER _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S TELEPHONE NUMBER _____

INCOME

MONTHLY WAGES _____

RENTAL INCOME _____

SOCIAL SECURITY, PENSION _____

ADDITIONAL INCOME _____

TOTAL MONTHLY INCOME _____

MONTHLY EXPENSES

MORTGAGE _____

HOME OWNER'S INSURANCE _____

HEALTH/LIFE INSURANCE _____

CAR PAYMENT/CAR INSURANCE _____

ELECTRIC/GAS _____

PHONE/CELL PHONE _____



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MONTHLY EXPENSES CONTINUED

PROPERTY TAXES	_____
SEWER/WATER	_____
CCMUA	_____
CABLE	_____
INTERNET	_____
CHILD SUPPORT	_____
MISC. (Food, Gas, Etc.)	_____
 TOTAL MONTHLY EXPENSES	 _____

DO NOT COMPLETE THIS SECTION
FOR TAX COLLECTOR USE ONLY

MONTHLY INCOME	_____
MONTHLY EXPENSES	_____
TOTAL LIEN REDEMPTION AMOUNT	_____
TOTAL AMOUNT TO BE AMORATIZED	_____
INTEREST CALCULATED FOR ____MONTHS	
 TOTAL AMOUNT DUE	 _____

I AGREE AND UNDERSTAND THAT ALL POST CURRENT CHARGES MUST BE MADE TIMELY, WITHIN THE GRACE PERIOD SET FORTH BY STATUTE. FAILURE TO DO SO WILL RESULT IN THE DEFAULT/TERMINATION OF THIS AGREEMENT. IT HAS FURTHER BEEN EXPLAINED THAT PURSUANT TO NJSA 54:5-65 THROUGH NJSA 54:5-76 ONLY ONE (1) INSTALLMENT AGREEMENT IS PERMITTED PER PROPERTY.

Michelle Hill-Norman C.T.C., Tax Collector

Date

Signature of Property Owner

Date