



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 \_\_\_\_\_ QUALIFIER \_\_\_\_\_ 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

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For office use only:

Value of Appraisal: \_\_\_\_\_ Amount of Lien: \_\_\_\_\_

Principal \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Approval of the Tax Collector    yes        no

Date: \_\_\_\_\_

Signature: \_\_\_\_\_