

**WINSLOW TOWNSHIP  
HOME IMPROVEMENT TAX ABATEMENT**

(Pursuant to Code of the Township of Winslow Chapter 66 Article III as amended)

Applications must be filed with the municipal assessor **within 30 days** (including Saturday & Sundays) of completion of construction, improvement, conversion, conversion alteration. Late applications will be denied.

**WINSLOW TOWNSHIP ASSESSOR'S OFFICE 125 SOUTH ROUTE 73 BRADDOCK, NJ 08037**

COUNTY: CAMDEN MUNICIPALITY: WINSLOW TOWNSHIP

**SECTION I IDENTIFICATION (to be completed by the property owner)**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Subject Property Location (street address) : \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUAL: \_\_\_\_\_

**SECTION II PROJECT INFORMATION (to be completed by the property owner)**

This application is for a 5 year tax abatement for the above referenced subject property.

- A.  The subject project is a single family dwelling more than fifteen (15) years old  
 The subject project is a multi-dwelling more than fifteen (15) years old  
 The subject project is an assessor building to the subject property
- B. The project is for (check applicable)  
 An addition to the existing single family/multi-dwelling  
 Rehabilitation, renovation, repair to the existing single family/multi-dwelling
- C. Permit Number: \_\_\_\_\_ Date of completion: \_\_\_\_\_  
Total cost of project: \$ \_\_\_\_\_  
Brief description of the nature and type of construction, conversion or improvement  
\_\_\_\_\_  
\_\_\_\_\_

- D. OTHER INFORMATION
1. Were prior five-year abatements granted on this property? Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Are there delinquent property taxes or municipal charges on this property? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section III CERTIFICATION (to be completed by property owner)**

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature

\*\*\*\*\*

**FOR OFFICIAL USE (TO BE COMPLETED BY THE ASSESSOR'S OFFICE)**

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUAL \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_

CLAIM FOR ABATEMENT IS: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

a	Assessed value of subject property immediately prior to improvements	\$ _____
b	Assessed value of subject property including improvements	\$ _____
c	Value attributed to improvements	\$ _____
		(b-a)
d	Amount abated by ordinance (not to exceed \$25,000)	\$ _____
e	Taxable value of dwelling after abatement	\$ _____
		(b-d)

Assessor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective date: \_\_\_\_\_

Expires date: \_\_\_\_\_