

Blight Busters!



New Orleans
City Attorney's
Application for Lien Waiver

For questions contact:
Housing Unit
City Attorney's Office
1340 Poydras St., Room 1118
New Orleans, LA 70115
(504) 299-4850
www.blightbusters.com

THIS CLAIM FORM IS TO BE USED FOR PROPERTY THAT HAS BEEN TOTALLY RENOVATED OR DEMOLISHED. PLEASE NOTE: LOTS ARE HANDLED ON A CASE-BY-CASE BASIS. LIEN WAIVER PROCESS TAKES 2 TO 3 MONTHS. APPLICATIONS MAY BE DISCUSSED BY APPOINTMENT ONLY AT (504) 299-4850.

PLEASE ATTACH THE FOLLOWING TO SUPPORT YOUR APPLICATION:

1. **A CURRENT TAX BILL COPY, OR A TAX RESEARCH WHICH CAN BE OBTAINED FROM TREASURY DEPARTMENT IN ROOM 1W40.**
2. **A DETAILED EXPLANATION OF PROPERTY'S STATUS.**
3. **A PRESENT PICTURE OF PROPERTY.**
4. **ANY OTHER SUPPORTING DOCUMENTS.**

(If supporting documents are not attached, application will not be processed.)

*****WE DO NOT HANDLE TAXES*****

Return this form to: City Attorney's Office, Housing Unit, 1340 Poydras Street, 11th floor,
New Orleans, LA 70112 [*Applications discussed by appointment only at (504) 299-4850.*]

CHECK BOX
<input type="checkbox"/> New Application
<input type="checkbox"/> Re-Submission

CITY OF NEW ORLEANS
LIEN WAIVER CLAIM FORM

PLEASE TYPE OR PRINT PLAINLY

Received
(Office and Date)

NAME OF CLAIMANT		DATE PROPERTY WAS ACQUIRED BY CLAIMANT	
PROPERTY ADDRESS	CITY AND STATE NEW ORLEANS, LA	ZIP	TAX BILL NUMBER
OFFICE WHICH PLACED LIEN ON PROPERTY		CLAIMANT'S ADDRESS & TELEPHONE NUMBER	
PERIOD FROM _____ to _____			
LIEN TO BE	<input type="checkbox"/> CANCELLED <input type="checkbox"/> SUBORDINATED <input type="checkbox"/> REFUNDED	KIND OF LIEN	

THE CLAIMANT BELIEVES THAT THIS CLAIM SHOULD BE ALLOWED FOR THE FOLLOWING REASON:

Use Reverse Side if Space is Insufficient. Please Attach Any Supporting Documents (recent tax bill, picture of property, etc.)

Under the penalties of perjury, to the best of my knowledge and belief, the claim that I have stated here (including any accompanying schedules and statements) is true and correct.

Signed: _____
Print Name: _____

Dated: _____ Title: _____

If the claim is granted, the claimant will be responsible for cancelling or subordinating the liens of record with the Recorder of Mortgages and will be responsible for the costs, including any attorney's fees, of cancelling or subordinating the liens of record with the Recorder of Mortgages.

FOR OFFICE USE ONLY

Recommendation of office that assessed the lien(s):

Signed: _____
Print Name: _____
Title: _____

Dated: _____

A TAX RESEARCH MUST BE ATTACHED TO FORM PRIOR TO LIEN WAIVER COMMITTEE'S CONSIDERATION OF CLAIM.

ACTION TAKEN BY LIEN WAIVER COMMITTEE:

3 OUT OF 5 SIGNATURES AUTHORIZES ACTION TAKEN.

APPROVED
FINANCE:

APPROVED
LAW:

APPROVED
HOUSING:

APPROVED
CAO:

APPROVED
HEALTH:

**FINAL APPROVAL
CITY ATTORNEY:**

**FINAL APPROVAL
DIRECTOR OF FINANCE:**

**FINAL APPROVAL
DIRECTOR OF CAO:**