

CITY OF NEW ORLEANS

LATOYA CANTRELL
MAYOR

ANTHONY T. DAVIS
DIRECTOR



LIST OF REQUIRED DOCUMENTS

Write the property address at the top right corner of all documents and submit in the order listed below.

PLEASE RETAIN COPIES FOR YOUR RECORDS-COPIES WILL NOT BE PROVIDED

PROPERTY ADDRESS	CHECKLIST	This property is (CIRCLE ONE)		
	✓	VACANT LOT	ALL VIOLATIONS CORRECTED	ALL VIOLATIONS WILL BE CORRECTED IN 120 DAYS
1. Completed Lien Waiver Application.		Required	Required	Required
2. Ownership information -If your name is on the tax bill, you may use the tax bill. If not, please submit other documentation.		Required	Required	Required
3. Tax Bill and Assessor Information Retrieve a copy at www.nola.gov , Bureau of Treasury, City Hall Room 1W40 or through the Assessor's website www.nolaassessor.com . NOTE if your tax bill is adjudicated provide the Redemption Calculation, which must be retrieved from Treasury with your application.		Required	Required	Required
4. Copy of All Recorded Liens Retrieve from Clerk of Civil District Court for the Parish of Orleans, 1340 Poydras St, 4 th floor (504) 407-0005		Required	Required	Required
5. Photos Dated and Labeled with the Property Address Not More Than 7 Days Old Which Clearly Show All Sides Of The Property And Each Violation Corrected		Required Minimum of two (2) photos from Front and Rear	Required Minimum of four (4)	Required Minimum of four (4)

IMPORTANT PLEASE READ:

- **Liens that are present on a tax adjudication certificate can't be reduced. Tax Sales of any kind represent an ownership in your property. We recommend resolving all tax sale issues immediately. Paying the lien(s) DOES NOT resolve tax sales or tax sale adjudications. Paying the Lien(s) DOES NOT prevent you from losing ownership of your property due to tax sale or tax sale adjudication.**
- **Demolition and Grass Costs can't be reduced other than interest:** The principal amount and recordation fees of demolition and lot abatement costs may not be reduced other than reducing interest added after placement on the tax bill.
- **Lien Foreclosure properties are not eligible for reduction:** If the Lien has been foreclosed on, the lien is NOT eligible for reduction.
- **You must include all judgments that you want considered for reduction.** Information provided does not take the place of a title search or a payoff on all items that may be owed.

APPLICATION FOR LIEN REDUCTION PROGRAM

Revised: Effective 01/25/2024

Return this form to the following address: 1340 Poydras Street, 11th Floor
New Orleans, LA 70112

	CITY OF NEW ORLEANS REDUCTION OF LIEN(S) PLEASE TYPE OR PRINT PLAINLY	Received: (Office and Date)
Please Check Which Department Applies (NOTE: Each Department Requires a Separate Application)		
CODE ENFORCEMENT (MPM) _____ HDLC _____ VCC _____ ZONING _____ SANITATION _____		
APPLICANT INFORMATION		
NAME OF OWNER(S):		CURRENT ADDRESS:
CITY, STATE	ZIP	TELEPHONE NUMBER(S):
EMAIL ADDRESS:		
LIEN REDUCTION PROPERTY INFORMATION		
PROPERTY ADDRESS		DATE PROPERTY WAS ACQUIRED BY APPLICANT
		PROPERTY TAX BILL NUMBER
HOW DID YOU GET THIS PROPERTY? CIRCLE ONE: Sale/Transfer Tax Sale Other: Explain _____		ARE YOU APPLYING IN ORDER TO RECEIVE A FULL CANCELLATION FOR A PREVIOUSLY PARTIALLY CANCELED LIEN? CIRCLE ONE: YES NO
IF OTHER, PLEASE PROVIDE DOCUMENTS		
LIEN REDUCTION ELIGIBILITY AND CHECKLIST		
YOUR APPLICATION WILL BE REJECTED, IF THE FOLLOWING CONDITIONS EXIST WITH THE LIENS ON YOUR PROPERTY:	<ul style="list-style-type: none"> LIEN IS ADJUDICATED OR SOLD IN TAX SALE DEMOLITION/GRASS LIENS (OTHER THAN INTEREST) FORECLOSURE PROCEEDS HAVE BEEN FILED IN CIVIL DISTRICT COURT HAS ALREADY BEEN PAID IN FULL – NO REFUNDS WILL BE ISSUED 	
YOU MUST ATTACH THE FOLLOWING, OR YOUR APPLICATION WILL BE REJECTED:	<ul style="list-style-type: none"> PHOTOS, STAMPED WITH DATE AND PROPERTY ADDRESS, OF THE PROPERTY (IF HOUSE, ALL FOUR SIDES...IF LOT, FRONT TO BACK AND BACK TO FRONT) COPIES OF THE LIENS YOU WANT REDUCED 	
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.		
Applicant's Signature: _____		Date: _____
Print Name: _____		Title: _____
If the claim is granted, the claimant will be responsible for canceling the liens of record with the Recorder of Mortgages and will be responsible for the costs, including any attorney's fees, of canceling the liens of record with the Recorder of Mortgages.		
FOR DEPARTMENT USE ONLY		
DEPARTMENT STAFF Signed: _____ Print Name: _____ Department: _____ Title: _____ Date: _____	Recommendation of office that assessed the lien(s): CIRCLE ONE: APPROVED DENIED RECOMMENDED REDUCTIONS: MIN: _____ PRESENT AMOUNT: _____ REDUCE TO: _____ MIN: _____ PRESENT AMOUNT: _____ REDUCE TO: _____ MIN: _____ PRESENT AMOUNT: _____ REDUCE TO: _____ MIN: _____ PRESENT AMOUNT: _____ REDUCE TO: _____	
DEPARTMENT DIRECTOR Signed: _____ Print Name: _____ Date: _____	CIRCLE ONE: APPROVED DENIED	