Tax Exemption Program

*Recertification* Application Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Return this checklist & forms to: |  |  |  | For G.A. Use Only |
| Cherylynn Cooke, Coordinator | |  | Date Received: |  |
| Green Acres Tax Exemption Program | |  | Application Number: |  |
| Mail Code 401-07B – P.O. Box 420 | |  | Complete: |  |
| Trenton, NJ 08625-0420 | |  | Incomplete: |  |
| Phone: 609-322-9710 | |  | Approved: |  |
| Fax: 609-984-0608 | |  | Denied: |  |
| Web: [www.nj.gov/dep/greenacres](http://www.nj.gov/dep/greenacres) | |  | Initials – Date: |  |
|  | |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Application # | |  | Organization: |  | | |
| Contact: |  | | | | Phone Number: |  |

Location of Property:

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address: (include parking advice) |  | | |
| Municipality: |  | County: |  |

* **1. NEW! Please answer the Property Information and Property Inspection questions**

**on the back of this checklist. (Please print this checklist double-sided to save paper and file space.)**

* **2. One (1) original *Further Statement* (Form F.S. Rev. April 2002), *for each block and lot.*\***
* **3. One (1) copy of the S*igned Cover Letter* sent to the Municipal Tax Assessor**

**(same as item 1 in list at bottom of this page).**

* **4. *Property map* showing adjacent preserved and/or tax-exempt land, public access points,**

**parking areas, roads, driveways, trails, and points of interest (*aerial map preferred*).**

STOP! – If there have been physical and/or use changes, or property ownership changes/dispositions, then the following items must also be submitted:

* **5. One (1) original *Application for Recertification of Exemption From Real Property Taxes***

# (Form GAR-032 3/2022).\* Be sure to include a detailed description explaining any

# changes to the property or its ownership.

* **6. One (1) original *Property Use Analysis* (Form GAR-033 2/2012).**

**Be sure to include:**

* **(a) tax map(s) labeled to show property (see Item G) and detailed property map (see Item H).**
* **(b) recent, dated photo(s) of posted Green Acres Tax Exemption Program sign(s) (see Item I).**
* **7. A copy of the recorded deed showing ownership of the property (if ownership has changed).**

**APPLICANT / NONPROFIT ORGANIZATION MUST SEND TO MUNICIPAL TAX ASSESSOR:**

1. **Cover letter to Tax Assessor.**
2. **Two (2) original *Further Statements* (Form F.S. Rev. April 2002), *for each block and lot.*\***

**\* DOCUMENTS MUST HAVE ORIGINAL SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| Application # |  | Organization: |  |

**PROPERTY INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Was the property acquired with Green Acres funding assistance? |  | YES | Green Acres  Project #: |  |  |  | NO |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Is the property part of existing preserve? |  | YES | Preserve Name: |  |  |  | NO |

**PROPERTY INSPECTION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | inspected the property on | | |  | | | | and |
|  | (Name of representative of nonprofit organization) |  | | | (date) | | | |  |
|  | verifies that the property is free and clear of anything that would preclude or discourage public access. More specifically: | | | | | | | | |
|  | (a) Does property have locked gates? | |  | YES | |  |  | NO | |
|  | (b) Does property have “NO TRESPASSING,” “PRIVATE PROPERTY,”  or “KEEP OUT” signs (or signs that contain these words)? | |  | YES | |  |  | NO | |
|  | (c) Does property have junk piles, debris, litter, etc.? | |  | YES | |  |  | NO | |
|  | (d) Are there any encroachments onto the property? | |  | YES | |  |  | NO | |
|  | If “YES” for any items above, what steps are being taken to resolve? (attach additional sheet if needed) | | | | | | | | |
|  | | | | | | | | |
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