

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
GREEN ACRES PROGRAM – TAX EXEMPTION PROGRAM

APPLICATION FOR RECERTIFICATION OF REAL PROPERTY TAX EXEMPTION

Complete this form and the *Property Use Analysis* (Form GAR-033 2/2012) only if there has been a change in use and/or ownership of the tax-exempt property as reported on the *Further Statement of Organization Claiming Property Tax Exemption* form.

Please submit two **Further Statements** *per Block and Lot* to the Tax Assessor of the municipality in which the property is located.

Also, please submit one **Further Statement** *per Block and Lot* – and one **Recertification Application** (Form GAR-032 2/2012) if there has been use and/or ownership changes – to the following address:

**NJ Department of Environmental Protection
Green Acres – Tax Exemption Program
Mail Code 501-01
P.O. Box 420
Trenton, NJ 08625-0420**

ALL DOCUMENTS MUST HAVE ORIGINAL SIGNATURES.

Click here to obtain a [FURTHER STATEMENT](#)

Application # _____

1. Name of Organization: _____

2. Official Address: _____

3. Organizational Representative to receive correspondence regarding this application:

Name: _____ Title: _____

Street Address: _____ City: _____ State: _____ Zip: _____

(if different from organization's address above)

Business Phone: () _____ E-mail Address: _____

4. Attach **Property Use Analysis** (Form GAR-033 2/2012) – *one form per municipality*.

5. Has there been a change in any of the following in the last three years?

	YES	NO
A. 501(c)(3) status of the organization	_____	_____
B. Ownership of the exempt property	_____	_____
C. Charter of the organization	_____	_____
D. Public access to any of the exempt property	_____	_____
E. Use of exempt property as described in original application (Form GAR-031)	_____	_____
F. Improvements made to the property	_____	_____

If the answer is "yes" to any of the above, please attach a detailed description to this form.

6. Attach completed **Further Statement of Organization Claiming Property Tax Exemption** (Form F.S. Rev. April 2002) with original signature. Click here to obtain a [FURTHER STATEMENT](#)

AFFIDAVIT

State of New Jersey SS

County of _____

I, _____ being _____
(Name of Officer) (Title of Officer)

of the _____
(Name of Applicant Organization)

being duly sworn according to law do say that I have read this application in its entirety and that the answers to the foregoing questions, the documents submitted, and declarations herein were given by me and that they are true to the best of my knowledge and belief.

(Signature of Officer Taking Oath)

Subscribed and sworn before me this _____ day of _____, 20____

Attested by:

Signature: _____

Name of Witness: _____