

Green Acres Program

New Jersey Department of Environmental Protection

Leave a Legacy of Land



Application For Donation Of Real Estate

*Thank you for your interest in protecting your land with the NJDEP Green Acres Program.
As a landowner you have the opportunity to leave a significant legacy of land—
to your children, your community and to future generations.*

**Green Acres Program
501 East State Street, 1st Floor
Mail Code 501-01
P.O. Box 420,
Trenton, NJ 08625-0420
Tel: (609) 984-0500; Fax: (609) 984-0608
Web: www.state.nj.us/dep/greenacres**

Offer To Donate Real Estate

Return To:
N.J.D.E.P.
Green Acres Program
P.O. Box 420
Trenton, NJ 08625- 0420

For Green Acres Use Only:
Date Rec'd _____
Offering Number: _____
App'd: _____
Denied: _____

Owner Information

Property Owner's Name _____ Phone # _____
(First, middle, last)

Co-Owner's Name _____ Phone # _____
(First, middle, last)

Property Owner's Street Address _____
City, State, Zip Code _____

Property Information

Municipality _____ County _____

Tax Block # _____ Tax Lot # _____ Tax Assessment \$ _____ Total Acreage _____

Prior Years Taxes \$ _____ The Property Taxes are paid up until _____ .

Nearest Street or Road _____

Are there any structures located on the property? _____ Yes _____ No

If yes, please describe _____

Have any commercial activities ever taken place on this property _____ Yes _____ No If yes,
please describe.

Are there any easements or deed restrictions affecting the use of this property? _____ Yes _____ No

Is there a mortgage on this property? _____ Yes _____ No

If yes, please list all mortgages that are liens against this property, provide the original amount and
approximate balance. _____

List any leases or use agreements currently in effect.

Please tell us about your property. Are you aware of any unique or special environmental features such as springs, ponds, unusual geology, endangered plants or animals? If you need additional space, please use the back of the application.

Is the property free from dumping or debris? _____

Have any noxious materials ever been stored on the property? If so, what? _____

Representative Information

Do you authorize a person to act as your representative in all matters pertaining to this application?

___ Yes ___ No

What is this person's relationship to you (i.e. family member, realtor, attorney)? _____

Name of Representative _____

Representative's Street Address _____

City, State, Zip Code _____

Application Information

If available, please attach any or all of the following: Tax map(s) locating property boundaries; Title; Copy of Insurance Policy; Copy of Deed of Property; Survey; and Copy of Last Tax Bill.

Owner Authorization

I hereby certify that the information included in this application is true, that I am the legal owner of the property described above, that I have marketable title to the Property and that I have the legal right to sell the property.

I hereby authorize the staff of the Green Acres Program to conduct such site inspections on the property as are necessary to this application.

Signature of Owner (Applicant) Date _____ Date
Signature of Owner (Co-Applicant)