

FURTHER STATEMENT OF ORGANIZATION CLAIMING PROPERTY TAX EXEMPTION
(N.J.S.A. 54:4-4.4; & 54:4-3.5; 54:4-3.6; 54:4-3.6a; 54:4-3.9; 54:4-3.10; 54:4-3.13; 54:4-3.15; 54:4-3.24; 54:4-3.25; 54:4-3.26; 54:4-3.27; 54:4-3.35; 54:4-3.52; 54:4-3.64; & N.J.S.A. 8A:5-10 et al)

IMPORTANT File this claim in **duplicate** with **municipal assessor** of taxing district where property is located **no later than November 1 of every third succeeding year**, updating the organization's status. Separate claims must be filed for each parcel. See instructions.

1. CLAIMANT ORGANIZATION NAME

2. ORGANIZATION ADDRESS (Corporate Headquarters)

3. CONTACT INDIVIDUAL, REPRESENTATIVE, OFFICER for ORGANIZATION

Name	Phone #	E-Mail Address	Fax #
Postal Mailing Address			

4. EXEMPT PROPERTY LOCATION IN NEW JERSEY for which continued exemption is claimed

Street Address	City	Zip Code
County	Municipality	Block #
	Lot #	Qualifier

5. CONFIRMATION OF FILING OF INITIAL STATEMENT

Initial Statement claiming exemption from taxation for the above mentioned real property in item #4 was filed on _____ with the assessor of the aforementioned municipality.
(Date)

6. PHYSICAL and/or USE CHANGES of the aforementioned real property in item #4

Fully describe any **physical changes** that have occurred since the filing of the previous Initial or Further Statement.

Total Land Area (Sq. Ft./Acreage) _____

Land is ☐ Vacant or ☐ Improved with buildings and/or structures? (Check one)

If improved, state number of buildings and/or structures _____ State building(s) size in square feet _____

Fully describe building(s)/structure(s) type _____

State \$ amount for which improvements are insured _____

Fully describe any **changes** in the **use** that have occurred since the filing of the previous Initial or Further Statement.

If vacant land, state purpose, area used and size for each use. If not used, state none _____

If improved with buildings and/or structures, state uses of each _____

Are land and/or buildings used for originally stated purposes of claimant organization? ☐ No ☐ Yes

If yes, ☐ Entirely or ☐ Partially? Explain if used for other than claimant organization's purposes or if used or occupied by other than the claimant organization _____

Are land and/or buildings leased or rented by other than claimant organization? ☐ No ☐ Yes

If yes, ☐ Entirely or ☐ Partially? Percentage of property leased _____ % **Attach** copy lease/rental agreement.

Explain rental uses _____

State tenant names and rental income received. _____

Is commercial business conducted on premises? ☐ No ☐ Yes If yes, explain _____

7. COMPENSATION/REMUNERATION CHANGES

Fully describe any changes that have occurred since the filing of the previous Initial or Further Statement.

List names of individuals, officers, entities receiving compensation, salaries, allowance, monetary profits from claimant organization and dollar amounts received. If none, state none. Supporting financial data may be required by assessor.

8. PROPERTY OWNERSHIP CHANGES/DISPOSITIONS

Has any portion of the real property described in item 4, for which exemption has previously been claimed and allowed, been rented, sold or otherwise disposed of since the filing of the prior Initial or Further Statement? Yes ☐ No ☐

If yes, describe the property and state to whom conveyed and date of conveyance. _____

9. PROPERTY NEWLY ACQUIRED for which exemption is claimed

Has any new or additional real property been acquired by claimant since the filing of the previous Initial or Further Statement? Yes ☐ No ☐ Property Location _____

If yes, an Initial Statement, Form I.S., as to such new or additional real property must be filed with the assessor.

10. SIGNATURE, DATE & TITLE OF OFFICER CLAIMING EXEMPTION FOR ORGANIZATION

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature _____ Official Title or Position _____ Date _____

Official Use ☐ Denied ☐ Approved Exempt Property Code _____
Assessor _____ Date _____