



Town of Barnstable
Planning & Development Department
www.town.barnstable.ma.us/growthmanagement

Elizabeth Jenkins
Director

ACCESSORY AFFORDABLE APARTMENT AFFIDAVIT
2018 Program Year

I, _____, first being duly sworn, on oath, depose and state as follows:

I am the owner/resident of the single-family property located at:

_____ and the dwelling thereon is my
primary residence.

The following tenant(s) will be the occupant(s) of the accessory affordable apartment at the aforementioned address:

Tenant Name(s)

The accessory affordable apartment will be the primary year-round residence of the above identified tenant(s). In the event that the listed tenant(s) vacate said apartment, I will immediately notify the Planning and Development Department of the Town of Barnstable. I understand I am to provide the Town with a copy of the current 12 month lease.

I understand that I am required to comply with all conditions imposed by the Comprehensive Permit decision of the ZBA. I agree to notify the Planning and Development Department immediately in the event of the sale of this property.

Sworn to under the pains and penalties of perjury this _____ day of _____ 2018.

Property Owner Signature

Date

Print Name