



Town of Greenwich  
 Planning & Zoning Department  
 Town Hall – 101 Field Point Road - Greenwich, CT 06836-2540  
 Phone: (203) 622-7894 - Fax: (203) 622-3795

Elderly  
 Affordable  
 (check one)

**INITIAL AFFIDAVIT FOR CONVERSION TO  
 ACCESSORY HOUSING (ELDERLY OR AFFORDABLE)**

The undersigned (print names), \_\_\_\_\_ do hereby swear or affirm under penalty of false statement that: I (we) an (are) the Resident owner(s) of the dwelling located at \_\_\_\_\_, Greenwich, Connecticut.

**ELDERLY ACESSORY APARTMENT**

1. I (we) propose to create and Elderly Accessory Apartment and I (we) will comply with Section 6-99 of the Greenwich Building Zone Regulations and will cause the dwelling and its units to comply with the standards and requirements of that section.
2. (a) As owner(s), I (we) will continue to occupy either the primary or converted unit of the dwelling upon its approval for elderly accessory housing.  
 (b) A person 62 years of age or older occupies or will occupy either the primary of converted unit of the dwelling.

**AFFORDABLE ACCESSORY APARTMENT**

1. I (we) propose to create an affordable accessory apartment and I (we) will comply with Section 6-99 of the Greenwich Building Zone Regulations and will cause the dwelling and its units to comply with the standards and requirements of that section.
2. I \_\_\_\_\_ occupy the primary unit of the dwelling and will continue to occupy the primary unit upon its approval as affordable accessory housing.
3. The rent to be charged and paid for the converted unit is \$ \_\_\_\_\_ annually, or as set forth in the attached lease or other document attached to this affidavit and such rent does not exceed the maximum allowable rent published by the Town Planner.
4. The tenant at the time of occupancy will certify under penalty of false statement either in the annexed lease or otherwise to the undersigned that the tenant's family income at the time of occupancy does not exceed the maximum allowed tenant income published by the Town Planner (for that year).

I DO SWEAR OR AFFIRM UNDER PENALTY OF FALSE STATEMENT THAT THE ABOVE STATEMENTS APPLICABLE TO MY ACCESSORY APARTMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT SHOULD I MAKE A FALSE STATEMENT I AM SUBJECT TO THE FINES AND IMPRISONMENT SET FORTH IN THE CONNECTICUT GENERAL STATUTES FOR A FALSE STATEMENT MADE TO A GOVERNMENT AGENCY.

\_\_\_\_\_(Owner)  
 Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_(Owner)  
 Signature

\_\_\_\_\_  
 Print Name