



TOWN OF LINCOLN ACCESSORY FAMILY DWELLING UNIT AFFIDAVIT

I/We, after first being duly sworn upon oath, do depose and state the following:

1. That I am/We are the owners of property located at _____ in the Town of Lincoln, known as Assessor's Plat _____ Lot _____.
2. That I/We acknowledge that my/our single-family dwelling includes an accessory family dwelling unit within my/our single-family residence.
3. The inhabitant of the accessory family dwelling unit is _____, who is 62 years of age or older and a family member as proven to the Town of Lincoln Zoning Official.
4. I/We acknowledge that the accessory family dwelling unit is allowed by right under RIGL 45-24-37, and we also acknowledge that I/We are aware of, and understand that it is subject to the following conditions:
 - a. The appearance of the structure shall remain that of a single-family residence.
 - b. There shall be internal means of egress between the principal unit and the accessory family dwelling unit.
 - c. If the structure is serviced by an individual sewage disposal system (ISDS), the applicant shall have the existing system approved by the Department of Environmental Management (RIDEM) or connect to the public sewer system.
 - d. Once the family member no longer resides in the accessory family dwelling unit on a permanent basis, or the title is transferred, the property owner shall notify the Zoning Official in writing, and the accessory family dwelling unit shall no longer be permitted, unless there is a subsequent valid application.
 - e. No monetary monthly rent will be collected from the family member residing in the accessory family dwelling unit.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Zoning Official's Signature: _____ Date: _____

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

In Lincoln, in said County, the _____ day of _____, 20____, before me personally appeared the above named _____, the parties executing the foregoing instrument, and he/she/they (severally) acknowledged said instrument by him/her/them executed to be his/her/their free act and deed.

Notary Public
My Commission Expires: _____