

Township of Parsippany-Troy Hills Accessory Apartment Program

NEW APARTMENT APPLICATION

Instructions: Fill this sheet out completely to the best of your ability. If you have questions about filling this form in, please contact Dan Levin at dlevin@cgph.net or 609-642-4857. Incomplete applications may result in delays in processing. Only use this form if you are seeking to build a new accessory apartment. If you have an existing accessory apartment that you are seeking to make compliant, please use the Existing Apartment Application.

APPLICANT INFORMATION:

Homeowner (Last Name, First)	Co-Owner (Last Name, First)		
Mailing street address (_____)	City	State	Zip
Primary Phone	Primary Email Address		

PROPERTY INFORMATION:

Owner(s) as it appears on Property's Title

Street Address (if different from above)	City	State	Zip
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Block No. _____ Lot No. _____ (if known)

Circle the number of bedrooms to be contained within the accessory unit: 0 (studio) 1 2

Circle the number of parking spaces at this address: 1 2 3 4+

Is there a Primary Mortgage on the Property? Yes No

Are there any additional mortgages or liens on the property? Yes No

If yes, please attach information for all mortgages/liens.

Would the accessory apartment be served by sewer or septic system? Sewer Septic

RELEASE AND CERTIFICATION:

I understand that the unit(s) must be continuously occupied by an income-eligible household for a period of thirty (30) years. The income eligibility for a household occupying the unit will be documented at the time of application by Township of Parsippany-Troy Hills Administrative Agent and upon subsequent new lease to a new tenant of the unit. I further understand I am responsible to report immediately to the Administrative Agent, in writing, any changes in tenant occupancy. I understand that the more notice I give to Administrative Agent, the sooner the unit is likely to be leased. Additionally, annual increases in rent can be no greater than the percentage of increase determined by the Administrative Agent, using approved methodologies.

I hereby grant permission of entrance by appointment for the purpose of inspection of my property by authorized Municipal agents, if necessary.

This is to certify that all statements made in this Application are true to the best of my knowledge. I make this statement willingly and with full knowledge of the penalties under federal and state laws should false information be given.

Signature of Applicant Date

Signature of Co-Applicant Date

ENCLOSURE CHECKLIST

The following eligibility documentation must be enclosed with your completed application:

- Copy** of proof of property taxes for the property to be assisted under the Accessory Apartment Program are paid and current.
- Copy** of proof that property mortgage, if any, is paid current on the property to be assisted under the Accessory Apartment Program.
- Copy** of the recorded Deed to the property to be assisted under the Accessory Apartment Program.
- Copy** of current homeowner's extended coverage/hazard insurance Declarations page (not the policy or receipt) for the property to be assisted under the Accessory Apartment Program.
- Copy** of proof of municipal utility account (water/sewer/trash) for the property to be assisted under the Accessory Apartment Program are paid and current, if applicable.

Please email your completed application & attachments to the email address below

E-mail package to: Dan Levin, Senior Planner at dlevin@cgph.net

Alternatively the package can be mailed to:

CGP&H - Parsippany ACCESSORY APARTMENT PROGRAM
Attn: Dan Levin
1249 S. River Road, Suite 301
Cranbury, New Jersey 08512

****Copies only, please DO NOT MAIL original documents****

