



**Town of Madison
Affordable Housing
Notice of Intent to Sell Affordable Unit**

Property Owner: _____

Property Address: _____

Development Name: _____

Vision Unique ID: _____

Phone Number: _____

Email : _____

Date Property will be listed: _____

Listing Agent: _____

Listing Agent Contact Number: _____

Listing Agent Email: _____

Maximum Sales Price: _____

How many people will live in the home: _____

Attach calculation sheet that shows how this price was calculated.

Attach copy of property deed showing deed restrictions.

By signing below, I agree that the information provided is accurate to the best of my ability. I understand that the process will take roughly 10 business days, and that if information is mission or inaccurate, the time to certify income will be increased. I understand that the Town of Madison is not responsible for the sale price of my home. I also attest that all requirements and processes of any deed, deed restrictions, related Affordable Housing Plan and CT State Statutes 8-30g will be met.

Signature

Print Name

Date

-----For Official Use Only-----

Received by: _____ Date: _____

Affordable Housing Review (Initial & Date): _____

Planning & Zoning Review (Initial & Date): _____