CITY OF REVERE

Accessible Parking Space Program (HP Sign)
PASSENGER ONLY APPLICATION
RETURN COMPLETED APPLICATIONS TO:
Revere City Hall
Attn: Revere Commission on Disabilities
281 Broadway Revere, MA 02151
Phone: 781-286-8267 Email: disabilities@revere.org

Information must be printed clearly, all questions must be answered completely, & supporting documentation must be included – incomplete applications will be returned, resulting in a delay of processing the application.

Today’s Date: __________________________ Application Type: NEW ☐ RENEWAL OF EXISTING SPACE ☐

1. APPLICANT INFORMATION (APPLICANT refers to the person with a disability who is in need of parking)

Last Name _________________________________ First Name ___________________ Middle __________
Address __________________________ Zip _______________
Unit # ______________________ Date of Birth ____________________________________________ Age ______________
Phone ______________________________ Email _______________________________________

Is Applicant a Child Under 18? Yes ☐ No ☐ Does Applicant need or use a wheelchair full-time? Yes ☐ No ☐
How often does applicant leave home using this vehicle? Daily ☐ Weekly ☐ Other ☐ (how often _____________)
➔ If “Daily,” describe where you go on a daily basis:
➔ If “Other,” explain frequency you leave home using this vehicle:

2. PRIMARY DRIVER INFORMATION (Refers to the person who provides primary transportation to the APPLICANT)

Primary Driver Last Name _______________________________ Primary Driver First Name _________________________
Address __________________________________________________ Unit # ________ Zip ________
Primary Driver Relationship to Applicant ___________________________ Is Primary Driver Employed? Yes ☐ No ☐
➔ If Primary Driver is employed, what is their work schedule? Full Time ☐ Part Time ☐ Other ☐
➔ What is Primary Driver’s Availability to drive Applicant? Mornings ☐ Afternoons ☐ Evenings ☐ Weekends ☐
Where does the primary driver drive the applicant? Rides to work ☐ Shopping ☐ Doctor ☐ Other ☐
➔ Describe “Other” places driven (Must be SPECIFIC to support this application):

3. VEHICLE INFORMATION (VEHICLE must be registered and located at the applicant’s address)

Vehicle Make __________________________ Model __________________________ License Plate Number __________________
MA-RMV Disabled Placard Number __________________________ Expiration Date __________________
Applicant's MA Driver’s License # ___________________________ Expiration Date _______________________

→ A copy of each of the following documents is REQUIRED to be submitted with this application – Did you enclose:

- Copy of Vehicle Registration for a car located at the Applicant’s Address
  - Yes ☐ No ☐

- Copy of Applicant’s Disabled Parking Placard (showing photo & expiration date)
  - Yes ☐ No ☐

- Copy of Applicant’s Driver’s MA Driver’s License (showing photo & expiration date)
  - Yes ☐ No ☐

Is this vehicle modified with adaptive equipment (ramp, lift, hand controls, etc?)
  - Yes ☐ No ☐

→ If “Yes,” describe modifications:
_________________________________________________________________________ __________

4. PROPERTY INFORMATION

Do you own the property where you are requesting the Accessible Space to be installed?
  - Yes ☐ No ☐

Is there ANY off-street parking at this address, such as a driveway, parking lot, or garage?
  - Yes ☐ No ☐

→ * * * IMPORTANT – You must report ALL existing off-street parking at this address even if you cannot use it * * *

→ If you answered “Yes,” are you able and/or allowed to use the off-street parking?
  - Yes ☐ No ☐

→ If you CANNOT use the off-street parking, explain why:
_________________________________________________________________________ __________

Is this Public Housing? Yes ☐ No ☐ If “Yes,” Name of Development: __________________________________________

Do you reside at this address year-round, without extended periods away?
  - Yes ☐ No ☐

Are there any existing Accessible Parking ☑ signs posted in front of your residence?
  - Yes ☐ No ☐

How many Accessible Parking Spaces ☑ are located on your block? 0 ☐ 1 ☐ 2 ☐ 3 ☐ Other ☑ ________

Check off all parking restrictions at this address: No Parking ☑ Hydrant ☑ Bus Stop ☑ One-way Street ☑

What floor of this property do you live on? Basement ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other ☑ ________

How do you get into your house / unit? Ramp ☑ Elevator or Lift ☑ Stairs ☑ (# of stairs________)

5. DISABILITY INFORMATION

What is the medical DIAGNOSIS causing your disability?

What SYMPTOMS affect your ability to walk?
_________________________________________________________________________ __________

How long is your disability expected to last? Permanently ☑ Temporarily ☑ (how long? ________________)

How many city blocks can you walk without stopping to rest?

Are you dependent on any mobility devices that your doctor wrote a PRESCRIPTION for?
  - Yes ☐ No ☐

→ If you answered “Yes,” which devices? Wheelchair ☑ portable oxygen ☑ prosthesis ☑ walker ☑ cane ☑

→ If you answered “Yes,” did you enclose the REQUIRED copy of this prescription?
  - Yes ☐ No ☐

Are you employed?
  - Yes ☐ No ☐

→ If you answered “Yes,” are you employed full-time or part-time? Full-time ☑ Part-time ☑

→ If you answered “Yes,” what is your occupation?
____________________________________________ ____________________________

6. AUTHORIZATION BY APPLICANT

I certify that the above information is true and accurate. I fully understand that the installation of Accessible Parking signs at my residence does not reserve a parking space for my personal use. It makes a space available for use by any vehicle with a valid Disabled plate or placard. I understand that abuse or violation of this agreement may result in removal of the Accessible Parking.

____________________________________________________________ ________________________________
Applicant Signature Date