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 __________

** IMPORTANT – If you are always or sometimes a driver, please STOP here and fill out the DRIVER APPLICATION**
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:
__________________________________________________________________________

If 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