

OFFICIAL OFFICE USE ONLY:

Approved: CRM \_\_\_\_\_  
 Denied: Reason \_\_\_\_\_  
 Appeal:  Approved  Denied  
Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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:

In terms of operating the vehicle, is the applicant: Always a Passenger  Always the Driver  Sometimes Both   
**\*\* IMPORTANT –If you are always or sometimes a driver, please STOP here and fill out the DRIVER APPLICATION\*\***

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 \_\_\_\_\_