

BOROUGH OF FOREST CITY

535 MAIN STREET

FOREST CITY PA 18421

Phone (570) 785-3326 – Fax (570) 785-9595

Website – www.forestcityborough.com

Email: fcboro@nep.net

Dear Applicant:

Enclosed, you will find an application for Residential Parking for People with Disabilities. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the explicit instructions given on the application will be returned to the applicant without action.

This form **must be printed or typed** and returned with the completed application. Applications should be returned to **Forest City Borough, 535 Main Street, Forest City, PA 18421.**

Upon our receipt and verification of your completed application, a representative of the Borough will contact you.

Approval of a handicapped parking space does not guarantee that the space will be used by the applicant only. Anyone with a PA handicapped license or placard may use this space.

DISABLED PERSON RESERVED PARKING CRITERIA

1. The disabled person must be eligible for, and have in their possession, a HCP, PD, or DVHP license plate from the PA Department of Transportation for his/her vehicle.
2. **The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person – i.e., spouse, parent, dependent child.** The state requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He or she may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.
3. The disabled person must be mobility impaired to the extent that ambulation is **severely restricted.**
4. The street width in front of the residence must be adequate to allow parking.
5. The individual cannot have an off-street parking space available.

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PLEASE PRINT

If this application is being completed by someone other than the disabled person (applicant), please list that person's name below:

_____ Relationship to applicant
Person completing application (Please print)

Applicant's Name: _____

*The following information required on this application **must** pertain to the **Applicant.**

Address: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. **(Briefly)** What is the nature of your disability? _____

2. Explain why you feel that you are in need of reserved parking at your home:

3. Do you have a garage or other off-street parking available? YES NO

4. Do you have a PA Person with Disabilities License Plate? YES NO

If YES, License Plate Number: _____

If NO, do you have a PA Person with Disabilities Placard? Number: _____

5. If the vehicle is not registered to the disabled person, why are you requesting a zone for a vehicle not registered to you?

Please be specific. _____

6. Do you use one of the following? (Please circle)

Wheelchair Cane Crutches Braces Walker

Other _____ (please specify)

7. Are there any type of parking restrictions on your street?

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If yes, please describe: _____

Please attach a photocopy of the Vehicle Registration AND the applicant's or designated driver's PA driver's license as well as a copy of the Person with Disabilities Placard, if applicable.

IS YOUR PROPERTY 25 FEET WIDE OR MORE? _____

Do you rent the property where you are residing? No Yes

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a **complete** application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's signature

Date