

VILLAGE OF WESTCHESTER, ILLINOIS
Residential Handicapped Parking Program

Dear Applicant:

Enclosed, please find the application for a handicapped parking space that you requested. Both pages must be completed in full and returned. In addition, you must submit the additional supporting documentation requested before the Village Manager will consider your application.

PLEASE READ CAREFULLY THE FOLLOWING CRITERIA THAT YOU MUST MEET REGARDING ELIGIBILITY.

The Residential Handicapped Parking Program was created as a convenience to drivers with disabilities who can document the need for a reserved space. Reserved spaces are not provided for vehicles involved in the picking-up and dropping-off of passengers with disabilities. Reserved spaces are only provided to those who reside in a home and routinely utilize their vehicle.

To be eligible, the applicant must be a disabled person, have a valid driver's license, and a vehicle registered in his or her name. In addition, the driver must have a physician verify the applicant's disability and, if living in an apartment, have a landlord verify that suitable off-street parking is not available. The applicant's vehicle registration must be a handicapped registration unless a copy of the applicant's Secretary of State issued handicapped placard is submitted.

In some cases, the Village may consider applications from relatives of disabled persons, such as the parents of disabled children or for children of severely disabled senior adults who require full time care. However, under these circumstances, the applicant must be a cohabitant of the disabled person's home. Verification of this fact will be required.

If a designated handicapped space is provided for your use, please be aware that the law provides that anyone with a handicapped plate or placard may use that space. It is not provided for your exclusive use. Rather, it is reserved for all disabled persons with appropriate plates or placards.

If you have read all of the above requirements and wish to apply for a reserved space, please complete the attached application and provide the required documentation. As a reminder, please be sure to include the following with your application:

1. A photocopy of your current valid vehicle registration.
2. A letter from the property owner verifying that suitable off-street parking is not available (*if a rental property*).
3. A completed physician's verification form.
4. A photocopy of the applicant's handicapped placard or a copy of vehicle registration card.

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Once all of the documentation is received, the area in the vicinity of the requested space will be reviewed by the Chief of Police, or his designee. The Chief of Police, or his designee, will review the proposed location to ensure that the space will not cause undue hazard to the public or undue inconvenience to other residents. Upon completion of this review, the application will be reviewed by the Village Manager to consider the application.

The Village of Westchester has undertaken the Residential Handicapped Parking Program voluntarily and in the best interests of the citizens of Westchester. The Village of Westchester reserves the right to deny requests for spaces that it feels are not in the best interests of the Village and its citizens, such as spaces that will be used infrequently or will cause a hazard to the motoring or pedestrian public. All approvals must be renewed every two years and substantiating documentation of a continued need may be required at that time.

Should the reserved space no longer be needed, the Village requires that the space be removed. This is for everyone's protection to ensure that this privilege is not abused. We request that you please notify the Village Manager's Office or the Chief of Police within thirty days if there is any change in residency or eligibility status.

If you have any questions regarding this program, please do not hesitate to contact the Village of Westchester at (708) 345-0020, or the Chief of Police at (708) 345-0060.

VILLAGE OF WESTCHESTER, ILLINOIS
APPLICATION FOR HANDICAPPED RESIDENTIAL PARKING SPACE

Part A - To be completed by the Applicant or in the Applicant's name

Name: _____
(Last Name, First Name, Middle Initial)

Address: _____
(House Number, Street Name, Zip Code)

Telephone Numbers: Home: _____ Work: _____

Current Vehicle Registration Number: _____

Name and Full Address of Property Owner (if Same as Applicant, write "Same"):

1. Does the property have a driveway? Yes No
2. Number of vehicles driveway can hold: _____
3. Width of Driveway: _____ feet _____ inches
4. Are you a Tenant/Renter? Yes No
 - a. Is there off-street parking available to you? Yes No
 - b. If NO, is a letter from landlord attached? Yes No
5. Does your disability impair your mobility? Yes No
 - a. Has a doctor verified your disability? (See PART C) Yes No

PART B - Other Documentation Required

Are the Following Required Documents Enclosed:

1. Photocopy of current vehicle registration? Yes No
2. Photocopy of HP Placard (if applicable)? Yes No
3. Letter from property owner (if applicable)? Yes No
4. Completed Physicians Form (PART C)? Yes No

APPLICANT CERTIFICATION:

I hereby certify that I, _____, have provided information that is correct and free of defect. I further understand that the Village will determine the status of this application based upon the information contained in this application. Any information that is determined to be incorrect or incomplete may be reason for the Village to deny this application.

Name: _____ Date: _____

Signature: _____

OFFICE USE ONLY		
Received by: _____	Date: _____	
Reviewed by: _____ <small>Chief of Police or Designee</small>	Date: _____	
Reviewed by: _____ <small>Village Manager</small>	Date: _____	
Status: _____	_____	_____
Denied	Approved	PW Notified / Date

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Part C - To be completed by Applicant's Physician.

TO PHYSICIAN: Approval for a residential handicapped parking space is based upon information provided by you. If your patient has an "invisible disability" or one that is not easily identified or verified based on visual observation, it is incumbent upon you to specify the degree, level, and/or severity of functional impairment in order for the Village of Westchester to make a fair evaluation of this application. Handicapped parking spaces are available for those with permanent disabilities only.

PLEASE COMPLETE THE FOLLOWING:

Name of Applicant: _____
(Last Name, First Name, Middle Initial)

Address: _____
(House Number, Street Name, Zip Code)

1. Is the Applicant mobility impaired? Yes No
2. What is the ambulatory range of the Applicant (in feet): _____
 - a. Without rest? _____ feet
 - b. With intermittent rest? _____ Feet
3. What is the prescribed ambulatory aide (i.e., cane, walker)? _____
4. Is there any permanent loss of limb or loss of use? Yes No
5. Please describe the functional disability which makes a handicapped parking space essential:

CERTIFICATION:

I hereby certify that the subject applicant has a permanent functional disability as described above.

Physician's Name: _____ Date: _____

Signature: _____