

HANDICAP PARKING SPACE APPLICATION

Please read the attached application carefully.

Complete this form, and return along with a copy of your vehicle registration to:

BOROUGH OF FOUNTAIN HILL
941 Long Street
Fountain Hill, PA
18015

Also attached is a **Physician's statement** form which must be completed, certifying the nature of your disability and accompany the application.

To qualify for Handicapped Parking the following criteria must be met:

- 1 . Applicant and/or disabled person must reside at the address where the vehicle is registered.
2. Vehicle must have one of the following:
 - a. *HP PLATE*
 - b. *DISABLED VETERAN'S PLATE*
 - c. *HANDICAPPED PLACARD*
3. Applicant and/or disabled person cannot have off-street parking readily available (garage, driveway).
4. The disabled person must have a disability that strictly restricts ambulation.

Please note: The *Physician's Statement* must be PRINTED OR TYPED, or the application will be returned without approval.

Applicant must submit a copy of their valid vehicle registration and proof of financial responsibility (insurance card) when submitting application.

If approved, the cost to place the handicapped parking sign will be \$350.00.

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APPLICANT INFORMATION

Name of Applicant: _____ Phone# _____
(Please Print)

Address: _____

Is Applicant Disabled? Yes No (Please check)

If NO, name of disabled person: _____
(Please Print)

Relationship to Disabled Person: _____

VEHICLE INFORMATION

License Plate# _____

Is the driver of vehicle disabled?
 Yes No (Please Check)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Describe your disability: _____

2. Explain why you feel you need a handicapped parking space: _____

3. Do you ambulate with one of the following? (Please check)
a. Wheelchair d. Cane
b. Crutches e. Braces
c. Walker f. OTHER Please specify below:

4. Do you have off -street parking ? Yes _ No _

If yes, please check: Garage Driveway

PHYSICIAN'S STATEMENT MUST BE PRINTED OR TYPED

Patient's Name: _____

a. Please describe the patient's disability: _____

b. Please explain in detail why you feel the applicant should have reserved handicap parking in front of his or her home: _____

c. If the applicant's diagnosis is heart disease, please check the below classification:

Class I Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or angina pain.

Class II Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or angina pain.

Class III
 Class IV

Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or angina pain.

Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.

d. Is the patient restricted by lung disease? YES NO

{a) If yes, is patient restricted to the extent that the patient's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60mm.Hg on room air at rest?

YES NO

(b) Uses portable oxygen: YES NO

Physian's Statement (continued)

e. Can the applicant walk 200 ft. on an even surface without stopping to rest?
 YES NO

f. Is patient's disability permanent? YES NO
If no, what is patient's prognosis for recovery: _____

g. If the patient is not the driver of the vehicle, can patient safely stand alone at the curbside unassisted?
 YES NO

h. In your professional opinion, do you feel applicant qualifies *for* a handicap parking space on the street at or near his/her home?
 YES NO

COMMENTS:

Physician's Name: _____

(Print or Typed)

Address: _____

Phone# _____

Physician's Signature: _____

Waiver of Application Fee (2026)

To be eligible for a waiver of your application fee for handicapped permits, you must meet the following conditions.

1. The applicant cannot be delinquent on any taxes, garbage or sewer fees due to the Borough.
2. The applicant must meet the income guidelines outlined below. (Please submit a copy of your most recent Federal Tax Return)

Please circle the size of your household.

Persons in family/household	Poverty guideline
1	\$15,960
2	\$21,640
3	\$27,320
4	\$33,000
5	\$38,680
6	\$44,360
7	\$50,040
8	\$55,720

For families/households with more than 8 persons, add \$5,680 for each additional person.

I hereby certify that I am eligible for a waiver of the application fee.

Name _____

Signature _____

Date _____