

## Accessibility Parking Permit Terms and Conditions

### 1. Eligibility:

#### **Determined by the following factors:**

- I. The total income of all members of the household, before deductions. (Supporting documentation must be provided, for example: Revenue Canada income tax returns, pay stubs, cheque stubs from government assistance such as Ontario Disability Support Program/Canada Pension for Persons with Disabilities, insurance benefits etc).
- II. Applicant has either a permanent or temporary disability.
- III. Availability of funds.
- IV. Applicant must be a resident of the City of Guelph.
- V. Applicant **MUST** have a valid Ministry of Transportation issued Accessibility Parking Permit.

### 2. Conditions:

- I. The **FREE Accessibility Parking Permit** is valid for **use only at municipal downtown off-street parking facilities and at on-street parking meters.** If parked at a parking meter, the length of stay at parking meters is limited to the maximum amount of time the meter is programmed to provide.
- II. The **FREE Accessibility Parking Permit** is valid only for use by the approved applicant/person with a disability. The permit is transferable from vehicle to vehicle as long as it is being used by the approved applicant.
- III. Currently the only cost associated with the subsidized parking permit is a refundable deposit of \$10. The fee structure will be reviewed yearly by Parking & Downtown Operations staff and is subject to change.
- IV. The applicant must present approval letter at the Parking & Downtown Operations office in order to receive the free permit.
- V. The permit must be clearly displayed on the rear-view mirror or on the left side of dashboard facing the windshield and presented to the appropriate City staff when requested.
- VI. Any person found abusing the **FREE Accessibility Parking Permit** will have their permit terminated and no further permits will be issued.

### 3. Application Process:

- I. Individuals wishing to apply for a **FREE Accessibility Parking Permit** must complete an application.
- II. Completed applications **must** include supporting documentation to verify income.
- III. Forms will be accepted, reviewed and processed on a monthly basis and applicants will be informed by telephone of their acceptance or denial.
- IV. **FREE Accessibility Parking Permit** will be issued annually and applications will be processed on a first come, first serve basis.
- V. **When approved, parking permits will be valid for a period of one year, unless otherwise specified.** NOTE: Some individuals may not be eligible for a free permit for an extended period, i.e. person may only need service while recovering from an injury, OR some individuals may be approved for a period of up to one year if there is no chance their disability or situation will change.
- VI. Applicants must re-apply annually to ensure that their financial status and disability is unchanged.
- VII. The existing permit must be retained for renewal or an additional \$10 replacement deposit will be applied.
- VIII. If an application has been approved and you **DO NOT** pick-up your **FREE Accessibility Parking Permit** within 30 days of acceptance, your application will be withdrawn.

### 4. Application forms are available at the following locations:

- Parking Office, 1 Carden Street
- Guelph Library Branches
- Ministry of Community and Social Services, 86 Gordon St
- Family Counselling and Support Services, 409 Woolwich St
- Guelph Services for Persons with Disabilities, 238 Willow Rd
- Or on-line at [guelph.ca](http://guelph.ca)

#### **Completed applications must be mailed to:**

#### **Supervisor of Parking Facilities**

1 Carden , Guelph, Ont., N1H 3A1,

For information call 519 822-1260 ext 2888



## Accessibility Parking Permit

### CONFIDENTIAL INFORMATION

THE FOLLOWING APPLICATION MUST BE COMPLETED IN FULL BEFORE BEING PROCESSED (PLEASE PRINT)

Please  one:  ORIGINAL APPLICATION  ANNUAL RENEWAL APPLICATION

Name of applicant (i.e.: MTO permit holder): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ Postal: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Total number of persons living in the household: \_\_\_\_\_ Number of dependant children: \_\_\_\_\_

Name of person **REQUESTING** the permit (if different than the applicant): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to the applicant: \_\_\_\_\_

**PLEASE NOTE:** the parking permit belongs to the applicant/person with a MTO accessibility permit. The permit is transferable from vehicle to vehicle, however if the applicant owns a vehicle please provide the following information: **Vehicle Make:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Licence Number(s)** \_\_\_\_\_

To determine eligibility requirements, please answer the following questions:

1. Total combined **MONTHLY** income from **all** persons living in the household, before deductions: \$ \_\_\_\_\_ (NOTE: You must submit verification of income (i.e.: pay stubs, cheque stubs from government assistance, insurance benefits, income tax returns – please do not send copies of bank statements).
2. Has the disability lasted longer than six months? Yes \_\_\_\_\_ No \_\_\_\_\_
3. At present, the City of Guelph does not require a medical certificate for a **FREE Accessibility Parking Permit**. However, it is necessary to have verification that the applicant has a disability. Therefore, a reference is required. The reference must be a person who has knowledge that the applicant meets the criteria (i.e. occupational or physiotherapist, case worker, etc).

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

*The statements made above are, to the best of my knowledge, complete and accurate. I understand that the reference provided may be contacted, and that approval of this application depends upon verification that the applicant is a person with a disability, and meets all other criteria. If approved I consent to having my name given out for processing purposes.*

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Signature of Applicant, Parent, Guardian, or Caregiver)

Personal information on this form is used to determine eligibility.

Forward completed applications to:  
Traffic & Parking, Operations  
1 Carden Street  
Guelph, ON N1H 3A1

Any questions you have may be directed to:  
Traffic & Parking, Operations  
519 822-1260 x 2888

Attn: Supervisor of Parking Facilities

FOR OFFICE USE: Subsidy approved: _____	Void after: _____ (Date)
Date Received: _____	Application #: _____