

**Parking Application
Special Request
Reasonable Accommodations**



Application Approval	
Parking Management Office _____	Date _____
Permit Duration _____	

**U.S. Department of Housing and Urban Development
Office of Administration
Office of Facilities Management Services
Protective Services and Security Division**

Name of Applicant _____
(please print)

Home Address _____

City, State, and ZIP Code _____

Home Telephone Number () _____

Year and Make of Vehicle _____

State of Registration _____ Tag Number _____

Permit Number _____ Assigned Location _____

Program Office _____

Office Telephone Number and Extension _____

Room Number and Building _____

Certification

- I certify that this request is based on personal needs due to temporary (up to one month) medical conditions and hardship situations. Medical conditions include employees with temporary physical incapacitation. Hardship situations include for example, an employee undergoing medical treatment or taking care of a seriously ill relative (spouse, child, or parent), an expectant mother experiencing difficulties in her pregnancy and other similar conditions or situations. In case of hardship situations involving the care of a relative, the justification must be from the relative's attending physician explaining the employee's role in the care of the relative.
 - I certify that this request is based on unexpected operational needs include situations where an employee has to work extended hours to meet a priority job deadline and cannot ride with his/her carpool/vanpool or take public transportation or an employee who has to temporarily change his/her approved work schedule. An employee whose approved work schedule coincides with the hours of the unit's needs is ineligible for reasonable accommodations. Justification for unexpected operational needs must come from the head of the employee's program office providing the details and expected duration of the need.
 - I certify that this request is based on personal needs that are due to a temporary medical condition or hardship situation involving an employee's health. The justification must be from the employee's physician. The justification should explain the employee's condition and the expected duration of incapacitation or length of time parking is required.
- Signature of Requesting Official _____ Date _____

Privacy Act Statement

Federal Property Management Regulations, Section 101-20.104, Parking Facilities, authorizes the collection of all information, which will be used by the Department of Housing and Urban Development (HUD) to determine your eligibility for a parking space. Failure to provide the information, requested on the form may result in denial of a parking permit. The data is used to identify parking applicants and pool members, issue permits, and manage the parking facilities. This information may be disclosed to the HUD parking contractor for managing the parking facilities and may be released to other Federal and non-Federal agencies for use in computer matching programs for identifying and verifying eligibility for a parking space for applicants and pool members on multiple pool applications. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.