

Village of Palm Springs

226 Cypress Lane

Palm Springs, FL 33461

Phone (561) 965-4016 Fax (561) 439-4132

www.vpsfl.org

REASONABLE ACCOMMODATION REQUEST FORM

A reasonable accommodation is any modification of a zoning rule, policy, or practice if that modification is reasonably necessary in order to give a person with disabilities an equal opportunity to use and enjoy a dwelling in the Village of Palm Springs. It is the policy of the Village of Palm Springs Planning, Zoning & Building Department, pursuant to State and federal law, to provide individuals with disabilities reasonable accommodation in rules, policies, practices and procedures to ensure equal access to housing and facilitate the development of housing for individuals with disabilities.

If you believe that you need a reasonable accommodation to live in a dwelling, or so that persons with disabilities may live in a dwelling that you own or operate, please complete this application form and return it to the Village of Palm Springs Planning, Zoning & Building Department at 226 Cypress Lane, Palm Springs, FL 33461. Please attach additional pages if necessary. If you have questions or need assistance, please contact the Village of Palm Springs Planning, Zoning & Building Department.

Name and Contact Information of the Applicant:

Name: _____

Address: _____

Phone No.: _____

Alternative Phone No.: _____

Location Where Reasonable Accommodation is Requested:

Address: _____

Is Applicant the owner of the property at which Reasonable Accommodation is requested?

Yes No

If "No", provide the name and contact information of the owner of the property at which Reasonable Accommodation is requested:

Name: _____

Address: _____

Phone No.: _____

Is the dwelling licensed or certified by the State of Florida? If so, please provide the type of license or certificate, the number, and attach a copy of it:

Are the people who will live at the dwelling persons with disabilities?

Yes No

If you answered Yes, you must submit the Verification of Disability Status form attached hereto. If "No", provide the name and contact information of the individual(s) for whom Reasonable Accommodation is requested below:

Please describe the accommodation you need. What rules or policies would you like the Village of Palm Springs Special Magistrate to waive for the dwelling (please provide the specific regulation)?

Why do you need the accommodation? In other words, why is the requested accommodation necessary in order for persons with disabilities to live in the dwelling:

Please provide the following information if you are requesting an accommodation in order to house more than 3 unrelated people in a single-family dwelling:

Number of residents that will live in the dwelling: _____

Number of staff who will serve the dwelling: _____

Will any of the staff reside in the dwelling: _____

Anticipated number of vehicles used by residents and staff: _____

Number of off-street parking spaces available: _____

Square footage of the dwelling: _____

Number of bedrooms in the dwelling: _____

For each bedroom, please state the square footage of the room and the number and size of each window:

Bedroom 1: _____

Bedroom 2: _____

Bedroom 3: _____

Bedroom 4: _____

[Attach additional sheets if necessary.]

Is the number of residents necessary in order for the dwelling to be financially viable? If so, please explain why:

Is the number of residents necessary in order for the dwelling to be therapeutically beneficial for the residents? If so, please explain why:

I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION ON THIS APPLICATION THAT MY APPLICATION MAY BECOME NULL AND VOID.

Signature: _____

Name: _____

Date: _____

Verification of Disability Status

This form must be completed by someone who knows about the individuals' disabilities.

The Village of Palm Springs Planning, Zoning & Building Department respects individuals' privacy. We will verify disability status, but will not inquire into the nature or severity of a disability. Nor will we ask to see a person's medical records. We will limit our disability inquiry to requiring the Applicant to verify the disability status of individuals for purposes of State and federal law.

Definitions:

Federal law provides that "persons with disabilities" are persons who: (1) have any "physical or mental impairment" that substantially limits one or more "major life activities"; (2) have a record of having the impairment; or (3) are regarded by others as having the impairment.

A "major life activity" is any task central to most people's daily lives, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

A "physical or mental impairment" includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Anyone with a history of an impairment that limits a major life activity is also a person with disabilities.

Verification:

To the best of my knowledge, information, and belief, the person(s) who occupy (or who will occupy) the dwelling that is subject to the above request for reasonable accommodation ___ do _____ do not meet the definition of “persons with disabilities.” I am in a position to know about the person(s)’ disabilities because:

(For example, are you a medical or social services professional, part of a peer support group that serves the person(s), or someone who resides with the person(s)?)

Note: Do NOT reveal the nature or severity of the persons’ disabilities.

I affirm under penalty of perjury that the information provided in this application is true and accurate:

Signature: _____

Name: _____

Date: _____

Address: _____

Phone No.: _____

Are you renting your house, condo, townhouse or a room?

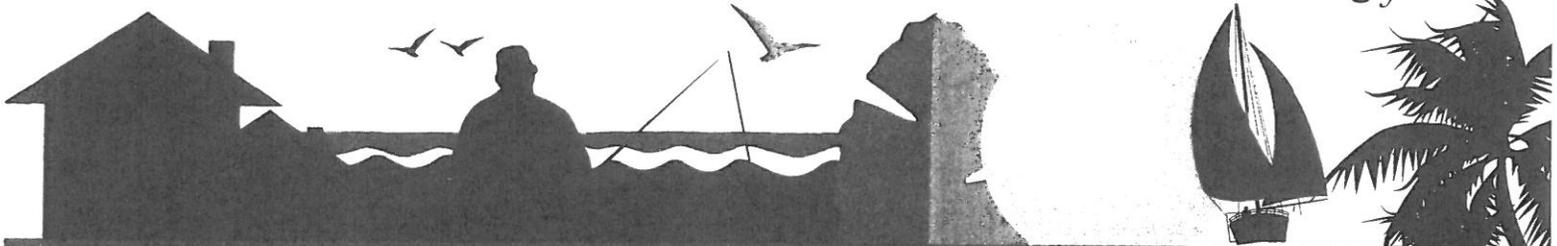
Know your Tourist Development Tax obligations:

Failure to collect and remit this tax is a theft of state funds. This act carries a felony of the third degree, felony of the second degree or felony of the first degree based on the amount of stolen revenue.



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
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Revised 8/31/2016

Are you renting your house, condo, townhouse or a room?

Know your Tourist Development Tax obligations.

You pay Tourist Development Tax on living quarters when you:

- Rent any unit for 6 months or less
- Lease any unit for 6 months or less

Tourist Development Tax Payments

Tourist Development Tax is remitted monthly. Funds are due by the 20th of the month following the month the tax is collected. If the 20th falls on a weekend or holiday, the Tourist Development Tax is due the following business day.

If you or someone you know is renting and not collecting Tourist Development Tax, call our anonymous tip line. Email or visit our website for more information.

561-355-3547 • bedtax@pbctax.com • 301 North Olive Avenue, 3rd Floor • West Palm Beach, FL 33401

In accordance with Florida Statutes: 212.15(2): Those who unlawfully divert or convert tax monies to their own use or the benefit of others are guilty of theft of government funds, punishable as provided in s.775.082, s.775.083, or s.775.084. • 125.0104(8)(a): Any person who is taxable (agent or employee) that fails or refuses to charge and collect Tourist Development Tax can be held personally liable for the taxes due and guilty of a misdemeanor.