



**Village of Royal Palm Beach  
Application Form to Request a Reasonable Accommodation**

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 Royal Palm Beach. It is the policy of the Village, 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 Clerk's Office at 1050 Royal Palm Beach Boulevard, Royal Palm Beach, FL 33411. Please attach additional pages if necessary. If you have questions or need assistance, please contact the Village Clerk at (561) 790-5100.

**Name and Contact Information of the Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Location Where Reasonable Accommodation Is Requested:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is Applicant the owner of the property at which the reasonable accommodation is requested?**

Yes       No

If you answered "No," please provide the name and contact information of the owner of the property at which the Reasonable Accommodation is requested below. Please also submit a signed Authorized Representative Form attached hereto on Page 6.

Property Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Is Applicant the representative of the person(s) with disabilities for which the reasonable accommodation is requested? Please select "No" if the Applicant and the person with a disability are the same.**

Yes  No

If you answered "Yes," please submit a signed Authorized Representative Form attached hereto on Page 7. If you answered "No," please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes  No

If you answered "Yes," you must submit a signed Verification of Disability Status Form, which is attached hereto on Pages 4-5. If you answered "No," please provide the name and contact information of the individual(s) for whom Reasonable Accommodation is requested below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe the accommodation you need. What ordinance, rule, policy, practice or procedure would you like the Village of Royal Palm Beach to waive for the dwelling? Please be as specific as possible.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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, and what is the relationship between the disability and the requested accommodation? The Village is not seeking information relating to the nature and severity of the person's disability.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expiration:**

Approvals for Reasonable Accommodations shall expire within one hundred eighty (180) calendar days if not implemented at the property.

**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 APPLICANT, THEN MY APPLICATION MAY BECOME NULL AND VOID.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ [ ] who is personally known to me OR [ ] who has produced \_\_\_\_\_ as identification and who did/did not take an oath (circle one).

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Notary Name

(Stamp/Seal)

**FOR ADDITIONAL INFORMATION ON THIS PROCESS, PLEASE REVIEW THE VILLAGE'S REASONABLE ACCOMMODATION POLICY (RESOLUTION NO. 16-53), OR CONTACT THE VILLAGE CLERK'S OFFICE AT (561) 790-5100.**

**Village of Royal Palm Beach**  
**Verification of Disability Status**

This form must be completed by someone who knows about the individual’s disabilities.

The Village of Royal Palm Beach 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 seek a person’s medical records. We will limit our disability inquiry to requiring that the Applicant 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, 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 or \_\_\_\_ do not meet the definition of “persons with disabilities.” I am in a position to know about the person’s disabilities because:

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(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 person’s disabilities.**

**I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me, by means of [  ] physical presence or [  ] online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ [  ] who is personally known to me OR [  ] who has produced \_\_\_\_\_ as identification and who did/did not take an oath (circle one).

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Notary Name

(Stamp/Seal)

**Village of Royal Palm Beach**  
**Property Owner Authorized Representative Form**

**(This form must be completed by ALL property owners if designating an Authorized Representative/Agent)**

I, \_\_\_\_\_ (property owner), do hereby affirm that \_\_\_\_\_ (representative/agent's name) is hereby designated to act as my agent and on my behalf, to submit or have submitted this application for Reasonable Accommodation and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above.

**I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.**

Owner Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ [ ] who is personally known to me OR [ ] who has produced \_\_\_\_\_ as identification and who did/did not take an oath (circle one).

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Notary Name

(Stamp/Seal)

**Village of Royal Palm Beach**  
**Person with Disability/Qualifying Entity Authorized Representative Form**

(This form must be completed by ALL persons with disabilities or a qualifying entity if designating an Authorized Representative/Agent)

I, \_\_\_\_\_ (person with disability or qualifying entity), do hereby affirm that \_\_\_\_\_ (representative/agent's name) is hereby designated to act as my agent and on my behalf, to submit or have submitted this application for Reasonable Accommodation and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the application indicated above.

**I AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me, by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ [ ] who is personally known to me OR [ ] who has produced \_\_\_\_\_ as identification and who did/did not take an oath (circle one).

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print Notary Name

(Stamp/Seal)