



YUKON HOUSING CORPORATION
**PREFERRED PARKING REQUEST –
 MOBILITY CHALLENGE VERIFICATION**

Section 1: Applicant information

To be completed by tenant

Your name _____

Your building	Apartment number
<input type="checkbox"/> 100 Lambert Street <input type="checkbox"/> 1190 Front Street <input type="checkbox"/> 600 College Street	

Licence plate number _____	City of Whitehorse Accessible Parking Permit number* _____
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I hereby authorize the information requested below to be released to Yukon Housing Corporation for the purpose of determining eligibility and priority for preferred parking at the above-named building.

_____ Signature	_____ Print name	_____ Date
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** Attach a copy of your Accessible Parking Permit to this form. If you do not have a City of Whitehorse Accessible Parking Permit, complete Section 2.*

Section 2: Health care provider verification**

To be completed by health care provider if you don't have a current Accessible Parking Permit from City of Whitehorse

This tenant has applied for parking designed for mobility challenged tenants and is requesting priority consideration which will provide preferred parking allocation ahead of other tenants.

Priority consideration is restricted to a mobility-challenged tenant. Indicate the mobility issue that may warrant special consideration:

I hereby verify that this client has a permanent condition that causes mobility concerns. A preferred/mobility challenged parking allocation may reduce the risk of injury associated with access to and from their vehicle from their residence.

Health care provider's signature** _____	Printed name _____
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Professional designation _____	Date _____
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***Health care provider, for the purposes of this document, is defined as a physician or a primary health care nurse practitioner.*

Submit completed form to Yukon Housing Corporation

In person: 410 Jarvis Street, Whitehorse
 By email: ykhouse@yukon.ca
 By fax: 867-393-7597

This information is being collected under the authority of the *Housing Corporation Act* for the purposes of determining eligibility. For further information regarding collection of information please contact the Yukon Housing Corporation ATIPP Coordinator at Box 2703 (Y-1), Whitehorse, Yukon, Y1A 2C6, or 867-667-5712.