

TOWN OF HUNTINGTON

Chad A. Lupinacci, Supervisor

Mark Cuthbertson **Eugene Cook** **Joan Cergol** **Edmund J. M. Smyth**
Councilman Councilman Councilwomen Councilman

Department of Human Services

Handicap Services

100 Main Street, Room 207, Huntington, New York 11743

631-351-3068

BEACH STICKER APPLICATION FOR PERSONS WITH DISABILITIES
UNDER THE AGE OF 60 WITH A LIMITED INCOME

NAME: _____

ADDRESS: _____

ARE YOU UNDER 60 YEARS OF AGE? YES _____ NO _____

TELEPHONE # _____ CELLULAR: _____

E-MAIL ADDRESS: _____

ARE YOU A RESIDENT OF THE TOWN OF HUNTINGTON: YES _____ NO _____

DISABILITY PARKING PERMIT # _____

PRINT THE LICENSE PLATE # UPON WHICH THE BEACH STICKER WILL BE AFFIXED: _____

Because of the increased demand for beach stickers we must reserve the free stickers for persons who have limited income.

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD? _____

TOTAL HOUSEHOLD INCOME: _____

I hereby certify that the information contained herein is a true and accurate statement. I authorize the Town of Huntington to verify any and all information listed herein.

SIGNATURE: _____ DATE: _____

You must submit a photo copy of your:

Driver's license, vehicle registration, handicap tag along with a copy of the first two pages of your federal tax return for the preceding year. Please black-out your social security number prior to submission. If you do not have to file a tax return you must send in a Verification of Non-filing Letter from the IRS stating you do not need to file. This is available on:

<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>

Mail to:

Town of Huntington, Handicap Services, 100 Main Street, Room 207, Huntington, New York 11743

NO BEACH STICKERS WILL BE DISTRIBUTED AT TOWN HALL