



Parking Citation Service Center

REQUEST FOR PARKING CITATION PAYMENT PLAN

Low Income Plan

- Mail completed application with supporting documentation to: **P.O Box 11923 Santa Ana, CA 92711**
- Contingent on low income status verification (see next page)
- Deadline to apply: within 60 days of citation issuance or 10 days after administrative hearing determination, whichever is later.
- Delinquent fines and penalty assessments are waived when a low-income plan is approved but are reinstated if registered owner falls out of compliance with payment plan.
- For one time only, citations may be removed from DMV hold and added to a payment plan.

Registered Owner Information:

Full Name: _____ License Plate: _____

Email (**Required**): _____ Phone: _____

Citation Number(s): _____

Street Address: _____ State: _____ Zip: _____

Processing Fee \$5: *(if not indicated, fee will be included to 1st payment)*

(Select One): With 1st Payment _____ Added to Payment Plan total _____

I agree to make monthly payments until the citation is closed. If I fall out of compliance of the payment plan repayment schedule all fees and delinquent penalties that were previously waived will be reapplied, the full amount remaining becomes due immediately, and a DMV hold will be placed on the vehicle. Payment Plans are not available for citations on vehicles that are currently booted or towed. Per CVC 40220. – If a defendant's indigent status is found to have been willfully fraudulent, his or her fines and fee reduction shall be overturned and the full amount of fines and fees shall be restored. I understand the terms of the payment plan. I declare under penalty of perjury that the foregoing application is true and correct, and I am aware that if I present any material matter as true which I know to be false, I may be subjected to penalties prescribed for perjury under the Penal Code of the State of California.

Name: _____ Signature: _____ Date: _____

Low-Income Verification

Indigent Status | Eligibility Status Government Code Seciton 68632(a) and (b)

Please select ONE of the following proofs of indigent status for submittal:

| Type | Documentation to submit | Select |
|--|---|---------------|
| Supplemental Social Security/ State Supplementary Payment | Copy of two (2) most recent benefit check stubs or statement; certification from county Social Service office | _____ |
| CaWORKS/Tribal TANF | Copy of Golden State Advantage Card (EBT) | _____ |
| SNAP | Copy of Golden State Advantage Card (EBT) | _____ |
| County Relief, General Relief, General Assistance, CAPI | Various: County Service Office Verification | _____ |
| IHSS and Medi-Cal | Copy of Medi-Cal Card | _____ |
| Proof of Income: 125% or less of Federal Poverty Level (FPL) <i>*please see table below</i> | Copy of either income tax forms, paystub, or bank statement showing income | _____ |

2018 Federal Poverty Guidelines **for families/households with more than 8 persons, add \$5,400 for each additional person*

| Persons in Family/Household | 125% of the Federal Poverty Guidelines |
|------------------------------------|---|
| 1 | \$15,175 |
| 2 | \$20,575 |
| 3 | \$25,975 |
| 4 | \$31,375 |
| 5 | \$36,775 |
| 6 | \$42,575 |
| 7 | \$47,575 |
| 8 | \$52,975 |

| Office Use Only | |
|-----------------------------------|--|
| Registered Owner Confirmed | <input type="checkbox"/> Yes |
| Low Income Documentation Included | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved: _____ | Date: _____ |