

PARKING CITATION – HARDSHIP PAYMENT PLAN REQUEST

APPLICANT INFORMATION

Full Name:

Street or Mailing Address:

City, State, Zip Code:

Citation Number:

If you receive public benefits or are a low-income person (i.e., you have a monthly income that is 125 percent or less of the current poverty guidelines detailed by the United States Department of Health and Human Services) you may use this form to request a payment plan. Any penalty assessments will be waived during the payment plan and dismissed after the payment plan is completed.

The payment plan has a maximum duration of 18 months and allows monthly payments of no more than \$25.00 provided the citation amount is less than \$300.00. There is a \$5.00 fee to enter into the payment plan. The following conditions are required for the payment plan:

- You must apply within 60 calendar days from the issuance of a notice that you have a parking violation or 10 days after an administrative hearing determination, whichever is later.
- You have 45 days upon a missed payment to resume timely payments; waived penalty assessments will be reinstated if you fall out of compliance with the plan.
- You may only apply for this payment plan **one time**.

Please choose box a or b below based on your circumstances:

a. I receive (*check all that apply*):

Supplemental Security Income (SSI)

Medi-Cal

California Work Opportunity

In-Home Supportive Services (IHSS)

Supplemental Nutrition Assistance
Program (Food Stamps)

Cash Assistance Program for Aged,
Blind and Disabled (CAPI)

County Relief, General Relief (GR)
or General Assistance (GA)

b. My monthly income (before deductions for taxes) is _____.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.

Printed Name

Signature

Approved

Denied

Initial:

Date: