



POLICE DEPARTMENT

LOW INCOME PAYMENT PLAN APPLICATION

California Vehicle Code (CVC) Section 40220 allows for installment payments of unpaid parking penalties for **qualifying** low-income individuals who owe up to \$500 in original fine amounts and meet all three (3) eligibility requirements listed below.

PLEASE COMPLETE AND SIGN THE APPLICATION BELOW, PROVIDE REQUIRED DOCUMENTS THAT PROVE ELIGIBILITY FOR ENROLLMENT.

First and Last Name:			
Citations:			
Veh. License Plate:		Driver's License:	
Address:			
City, State, Zip:		Phone Number:	
Email Address:			

Eligibility Requirements:

1. Complete applications with required documents must be submitted within 120 days of issuance of notice (citation) of parking violation, or within ten (10) days after an administrative hearing determination, whichever is later.
2. Registered Owner or Lessee of Vehicle.
3. **Proof that applicant meets income criteria set forth in subdivision (b), *OR* applicant receives public benefits from a program listed in subdivision (a) of Section 68632 of the Government Code (GC).**

Please indicate if “low income” or “public benefits” documents are being submitted to fulfill the second eligibility requirement (listed above).

“**Low Income**” is defined in Government Code Section 68632(b) as a person whose monthly income is 125% or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.

Family/Household Size	1	2	3	4	5	6
Annual Income	\$19,562.50	\$26,437.50	\$33,312.50	\$40,187.50	\$47,062.50	\$53,937.50

- Acceptable forms of proof of income are a current pay stub or the most recent W2.

“**Public Benefits**” defined in Government Code Section 68632(a) include, but are not limited to, Supplemental Security Income (SSI) and State Supplementary Payment (SSP), California Work Opportunity and Responsibility to Kids Act (CalWORKs), food stamps or the California Food Assistance, County Relief, General Relief or General Assistance, Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI), In-Home Supportive Services (IHSS), Medi-Cal.

- Acceptable forms of proof include an electronic benefits transfer card or receipt of qualifying Public Benefits.



POLICE DEPARTMENT

LOW INCOME PAYMENT PLAN APPLICATION

PAYMENT PLAN TERMS & CONDITIONS:

- Citations enrolled in this program are not eligible for an Administrative Review or Hearing.
- The processing agency has the right to deny a payment plan if the person fails to enroll in the payment plan within the time specified in the notice or is not eligible for the payment plan because the person is not indigent per CVC 40220 (IV)(iii). Incomplete or denied applications will be notified.
- Complete applications that meet all eligibility requirements, including providing sufficient low-income/public benefit recipient documentation, will be notified of approval and enrollment in low-income payment plan with the terms outlined in the CVC 40220(1)(A)(i):
 - (I) Allows payment of unpaid parking penalties and related service fees in monthly installments of no more than twenty-five dollars (\$25) for total amounts due that are five hundred dollars (\$500) or less. The amount of late fees and penalty assessments waived pursuant to subclause (II) shall not be counted in calculating that total amount of five hundred dollars (\$500) or less. Unpaid parking penalties and fees shall be paid off within 24 months. There shall be no prepayment penalty for paying off the balance prior to the payment period expiring.
 - (II) Waives all late fees and penalty assessments, exclusive of any state surcharges described in Sections 70372, 76000, 76000.3 of the Government Code, if an indigent person enrolls in the payment plan. Waived late fees and penalty assessments may be reinstated if the person falls out of compliance with the payment plan.
 - (III) Limits the processing fee to participate in a payment plan to five dollars (\$5) or less for indigent persons. The processing fee for an indigent person may be added to the payment plan amount, at the discretion of the indigent person.

I have read and understood the terms and conditions of the Low-Income Payment Plan described in this application and do hereby certify the information provided is true and correct. By signing below, I acknowledge that I must submit acceptable forms of proof along with this application, and described below, and I certify that I am low-income or receiving public benefits as defined herein.

Please mail complete application and proof of eligibility to P.O. Box 80239, Indianapolis, IN 46280.