Indigent Payment Plan for Parking Citations

Application and Guidelines

GUIDELINES

Effective July 1, 2018, California Vehicle Code (CVC) Section 40220 establishes that an issuing agency shall provide a payment plan option for indigent persons. The City will consider individuals who meet one of the eligibility criteria below. If approved and once enrolled in an Indigent Payment Plan for Parking Citations, late fees and penalty assessments will be waived. Individuals will have up to eighteen (18) months to pay off the payment plan balance.

Indigent Payment Plans are subject to a five dollar ($5) Administrative Fee. This fee will be added to the total balance of the payment plan. Monthly payments are required; late fees and penalties may be reinstated if the payment plan falls out of compliance, i.e., no monthly payment is received.

Requests must be received within sixty (60) calendar days from citation issuance, or within ten (10) calendar days of an Administrative Hearing, whichever is later. A ONE-TIME exception can be made for parking citations appearing on a California Department of Motor Vehicles (DMV) Registration Renewal form and will be subject to a five dollar ($5) Late Fee in addition to the five dollar ($5) Administrative Fee. *Include a copy of the DMV Renewal Form.*

Individuals must qualify using **ONE** of the following two eligibility criteria:

#1: Income

Qualified individuals must fall within the monthly income of 125% or less of the current poverty guidelines as established by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code and published in the Federal Register:

https://aspe.hhs.gov/poverty-guidelines		
Household/ Family Size	**2018 Monthly Guidelines**	**2018 Annual Guidelines**
1	$1,265	$15,175
2	$1,715	$20,575
3	$2,165	$25,975
4	$2,615	$31,375
5	$3,065	$36,775
6	$3,515	$42,175
7	$3,965	$47,575
8	$4,415	$52,975

#2: Proof of Public Benefits

- Supplemental Security Income (SSI) or State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program (SNAP) or the California Food Assistance Program (CFAP)
- County Relief, General Relief (GR) or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Support Services (IHSS)
- Medi-Cal

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Instructions: *Fill out this application completely. Attach supporting documentation along with your submission. Any missing information or documents may result in the denial of your application. All documents provided will not be returned.*

First Name			
Last Name			
Street Address			
City, State, Zip Code			
Phone #		**License Plate**	
Citation Number(s): If you have additional citations, please list them on a separate piece of paper.			
Gross Annual Income		**Household/Family Size**	

Please check the eligibility criteria that applies (choose one):

_____**Criteria #1: Income** – ***Documentation required; provide copies of one of the following:***

- ☐ Proof of income from a paystub or another proof of earnings
- ☐ Most recent W-2

_____**Criteria #2: Public Benefits** – ***Documentation required; provide copies of an electronic benefits card or another card, subject to review and approval by the processing agency, or proof of applicant receiving one of the following benefits:***

- ☐ Supplemental Security Income (SSI) or State Supplementary Payment (SSP)
- ☐ California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- ☐ Supplemental Nutrition Assistance Program (SNAP) or the California Food Assistance Program (CFAP)
- ☐ County Relief, General Relief (GR) or General Assistance (GA)
- ☐ Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- ☐ In-Home Support Services (IHSS)
- ☐ Medi-Cal

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature_____ **Date**_____

Mail completed application and supporting documentation to:

~~See Reverse~~

City of Lafayette
c/o Citation Services Center
P.O. Box 63246
Irvine, CA 92602-6108