



For office use only

Request for Parking Citation Payment Plan

Payment Plans are only available to the registered owner of the vehicle that was cited.

Minimum Payment per Month: \$25

Please check which Payment Plan you are requesting

<input type="checkbox"/> LOW INCOME PLAN	<input type="checkbox"/> STANDARD
<ul style="list-style-type: none"> Contingent on indigent status verification (complete next page) Deadline to apply: within 120 days of citation issuance or 10 days after administrative hearing determination, whichever is later. \$5 processing fee to be paid on first month's payment or added to the payment plan amount, at the discretion of the registered owner Repayment timeline up to 24 months One-time only, an application will be accepted after the deadline to apply. There is a \$5 late fee. This late fee would be added to the \$5 processing fee, \$10 in total fees would apply. Delinquent fines and penalty assessments are waived when plan is approved but are reinstated if registered owner falls out of compliance with payment plan 	<ul style="list-style-type: none"> Deadline to apply: before vehicle is placed on DMV hold \$25 processing fee to be paid on first month's payment Repayment timeline of 4 months when \$500 or less is owed Repayment timeline of 6 months when more than \$500 is owed

Name:			
Street Address:			
City:	State:	Zip:	
Citation No(s):			

I understand the terms of the payment plan I have selected and 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. Per CVC 40220. – If a defendant's indigent status is found to have been willfully fraudulent, his or her fines and fees reduction shall be overturned and the full amount of fines and fees shall be restored.

Signature

Date



LOW-INCOME VERIFICATION

Qualifications

To qualify for the Low-Income payment plan, you must meet one of the two following conditions

- 1) Your monthly income is 125% or less of the federal poverty level, as shown below (circle one):

125% of 2022 Federal Poverty Levels	
Individual = \$1,415.63	Family of 2 = \$1,907.29
Family of 3 = \$2,398.96	Family of 4 = \$2,890.63
Family of 5 = \$3,2382.29	Family of 6 = \$3,873.96

Numbers based on 2022 FPL from Health and Human Services

- 2) You receive public benefits from any of the following programs (circle one):

Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Supplemental Nutrition Assistance Program
County Relief, General Relief, or General Assistance	California Food Assistance Program	In-Home Supportive Services (IHSS)
Tribal TANF grant	Medi-Cal	CalWorks

Documentation

Please provide a copy of either of the following to verify you meet one of the above conditions. Indigent determination cannot be made without supporting documentation.

- A. Proof of income from a pay stub or another form of proof of earning, such as a bank statement, that shows that the income criteria as listed above is met
- B. Proof of receipt of benefits from one of the programs listed under Section 2 of the Qualifications.

Mail this form to: City Hall Annex, Attn: Parking Division, 90 Santa Rosa Ave, Santa Rosa, CA 95404

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- Confirm Registered Owner
- Low Income Documentation Included Yes No
- Parker has selected to pay the \$5 as Part of their first payment Spread across payment plan
- Operator Note added to TDS

Approved: _____ Date: _____