



Parking Citation Service Center

REQUEST FOR PARKING CITATION PAYMENT PLAN

Incomplete applications can not be processed

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)
- Payment Plans are only available to the registered owner of the vehicle that was cited.
- Deadline to apply: within 120 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:

Name:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Citation No(s):		
Issuing	License Plate	

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

(Check 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 fees reduction shall be overturned and the full amount of fines and fees shall be restored. I understand the terms of the payment plan.

Name: _____ **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 must be less than the following income limit:

- 2) You receive public benefits from any of the following:

2024 HHS Poverty Guidelines

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in Family/Household	Poverty Guideline	200% of Poverty Guideline (OCS/CED)
1	\$15,060	\$30,120
2	\$20,440	\$40,880
3	\$25,820	\$51,640
4	\$31,200	\$62,400
5	\$36,580	\$73,160
6	\$41,960	\$83,920
7	\$47,340	\$94,680
8	\$52,720	\$105,440

For families/households with more than 8 persons, add \$5,380 for each additional person.
Then multiply by 2.00 for 200% of Poverty Guidelines (for OCS/CED).

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. Incomplete documentation will result in denial of payment plan.

- B. Proof of receipt of benefits from one of the programs listed under Section 2 of the Qualifications.

Office Use Only	
Registered Owner Confirmed	Yes
Low Income Documentation Included	Yes No
Not Approved: _____	Date: _____
Approved: _____	Date: _____