CITY OF ATHERTON

REQUEST FOR PARKING CITATION PAYMENT PLAN

 Payment Plans are only available to the registered owner of the vehicle that was cited. Mail Completed Application To:
Atherton Police Department –
C/O Sgt. Anthony Kockler
83 Ashfield Road, Atherton CA 94027

Please check which Payment Plan you are requesting:

Please check which Payment Plan you are reque	estilig. 65 Asi	illeiu Roac	J, Atherton CA 94027
LOW INCOME PLAN	LOW INCOME PLAN		TANDARD PLAN
Contingent on low income status verification (see next page).		 Processing fee for a standard payment plan is \$25. 	
Deadline to apply: within 120 days of citation issuance or 10 days after administrative hearing determination, whichever is later.			
• \$5 processing fee must be included with the to the payment plan amount, at the option of			
 Delinquent fines and penalty assessments ar income plan is approved but are reinstated falls out of compliance with payment plan. 			
 For one time only, citations may be removed added to a payment plan. 	from DMV hold and		
Name:			
Street Address:			
City:	State:		Zip:
Phone:	Email:	Email:	
Citation No(s):			
request to pay the processing fee (Check Or	•	st Paymen	t Added to Plan
agree to make monthly payments until the compayment schedule all fees and delinquent penalemaining becomes due immediately, and a DMV or citations on vehicles that are currently boot ound to have been willfully fraudulent, his or he of fines and fees shall be restored. I understand the	alties that were previo / hold will be placed or ted or towed. Per CVC er fines and fees reduc	usly waived In the vehic 2 40220. – Ction shall b	d will be reapplied, the full amou le. Payment Plans are not availab If a defendant's indigent status
Signature			ate

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:

Household Size (Check One)	Gross Annual Income Limit
☐ Individual	\$16,987
☐ Family of 2	\$22,887
☐ Family of 3	\$28,787
☐ Family of 4	\$34,687
☐ Family of 5	\$40,587
☐ Family of 6	\$46,487

Add \$5,900 for each additional household member above six.

2) You receive public benefits from any of the following programs

Supplemental Security Income	Cash Assistance Program for	Supplemental Nutrition
(SSI) and State Supplementary	Aged, Blind, and Disabled Legal	Assistance Program
Payment (SSP)	Immigrants (CAPI)	
County Relief, General Relief,	California Food Assistance	In-Home Supportive
or General Assistance	Program	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.

Confirm Registered Owner	Office Use		
	Confirm Registered Owner		
No. 10 and 10 an	Low Income Documentation Included	□Yes	□No
Approved: Date:	Approved:		Date: