

## CITY OF IMPERIAL BEACH

### 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:**

**City of Imperial Beach**

**Administrative Services/Finance**

**825 Imperial Beach Blvd, Imperial Beach CA 91932**

**Please check which Payment Plan you are requesting:**

| <input type="checkbox"/> LOW INCOME PLAN  | <input type="checkbox"/> STANDARD PLAN  |
|---|---|
| <ul style="list-style-type: none"><li>• Contingent on low income status verification (see next page).</li><li>• Deadline to apply: within 120 days of citation issuance or 10 days after administrative hearing determination, whichever is later.</li><li>• \$5 processing fee must be included with the first payment or added to the payment plan amount, at the option of the registered owner.</li><li>• 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.</li><li>• For one time only, citations may be removed from DMV hold and added to a payment plan. A \$5 fee will apply.</li></ul> | <ul style="list-style-type: none"><li>• Processing fee for a standard payment plan is \$25.</li></ul> |

|                        |               |             |
|------------------------|---------------|-------------|
| <b>Name:</b>           |               |             |
| <b>Street Address:</b> |               |             |
| <b>City:</b>           | <b>State:</b> | <b>Zip:</b> |
| <b>Phone:</b>          | <b>Email:</b> |             |
| <b>Citation No(s):</b> |               |             |
|                        |               |             |

I request to pay the processing fee (Check One): ☐ With 1<sup>st</sup> Payment ☐ Added to Plan  
(IF NOT INDICATED, FEE WILL BE INCLUDED WITH FIRST PAYMENT)

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.

\_\_\_\_\_  
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:

| Household Size<br>(Check One)        | Gross Annual<br>Income Limit |
|--------------------------------------|------------------------------|
| <input type="checkbox"/> Individual  | \$16,987                     |
| <input type="checkbox"/> Family of 2 | \$22,887                     |
| <input type="checkbox"/> Family of 3 | \$28,787                     |
| <input type="checkbox"/> Family of 4 | \$34,687                     |
| <input type="checkbox"/> Family of 5 | \$40,587                     |
| <input type="checkbox"/> 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 (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**

Confirm Registered Owner ☐

Low Income Documentation Included ☐ Yes ☐ No

Approved: \_\_\_\_\_ Date: \_\_\_\_\_