CITY OF MONTEBELLO

REQUEST FOR PARKING CITATION PAYMENT PLAN

Mail Completed Application To:
City of Montebello
Planning and Community Development
Parking Enforcement
1600 W Beverly Blvd
Montebello CA 90640

LOW INCOME PLAN	
• Contingent on low income status verification (see next page) • $5 processing fee must be included with the first payment or added to the payment plan amount, at the option of the applicant. • Delinquent fines and penalty assessments are waived when a low income plan is approved but are reinstated if applicant falls out of compliance with payment plan. • For one time only, citations may be removed from DMV hold and added to a payment plan. A $5 fee will apply.	

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

I request to pay the processing fee (Check One): ☐ With 1st 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 (Check One)	Gross Annual Income Limit
☐ Individual	$19,950
☐ Family of 2	$27,050
☐ Family of 3	$34,150
☐ Family of 4	$41,250
☐ Family of 5	$48,250
☐ Family of 6	$55,450

Add $7,100 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.
C. Proof of ownership such as the Vehicle Registration or Title.
D. Valid form of Identification such as Driver's License, state issued ID or Passport.

Office Use

Confirm Registered Owner ☐

Low Income Documentation Included ☐Yes ☐No

Approved:_____ Date:_____