CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

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:*** **SAN JOSE OFFICE OF PARKING VIOLATIONS** **PO BOX 11023 SAN JOSE CA 95103-1023**

LOW INCOME PLAN
• Contingent on low income status verification (see next page) • 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.

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

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 fee 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	$ 31,300
☐ Family of 2	$ 42,300
☐ Family of 3	$ 53,300
☐ Family of 4	$ 64,300
☐ Family of 5	$ 75,300
☐ Family of 6	$ 86,300

Add $11,000 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: _____