



# LOW INCOME PAYMENT PLAN APPLICATION

Low Income Payment Plans provide customers an option to enroll their parking citation(s) in a monthly payment plan

**Please review the Program Terms and Conditions and complete Part One and Part Two of this form.**  
Our staff will complete Part Three of this form.

PART ONE – To be completed by the participant			
First and Last Name:			
Address:			
City, State, ZIP:			
Driver License State & Number:		Phone:	
Vehicle License Plate State & Number:			
Citation Number(s) Enrolled:			
Initial which option below applies:		Select which day of the month preferred:	Select ONE option below: (If you fail to select and option the fee will added to first payment.)
I currently Receive qualifying "Public Benefits" as defined below.		1 <sup>st</sup> of the month	Add \$5 administrative fee to total amount due
I qualify as "Low Income" as defined below.		15 <sup>th</sup> of the month	I would like to pay \$5 administrative fee with first payment
Participant will be given at least 30 days from application approval approval before first payment is due.			
Indicate Family / Household Size (number of persons)			
PART Two – Participant signature required for processing and enrollment.			
I have read and understood the terms and conditions of the Low Income Payment Plan described in this application and do hereby certify the information provided is true and correct. I acknowledge that I must submit acceptable forms of proof along with this application, as described below, and I certify that I am Low Income or receiving Public Benefits as defined herein.			
Signature:		Date:	
PART Three –To be completed by agency staff			
Total Citation Amount Enrolled: \$		Final Payment Due: \$	
Total Enrollment Fee Due: \$		Plan Number:	Clerk Initials:

**IMPORTANT: Along with this application, you must submit proof that you are "Low Income" or receive "Public Benefits". Acceptable forms of proof are described below. This application must be fully and properly completed and transmitted in accordance with the instructions below.**

**"Public Benefits"** are as defined in GC 68632(a) and include, but are not limited to, public benefits under one or more of the following programs: CalWORKs (or Tribal TANF), Supplemental Security Income and State Supplementary Payment, Supplemental Nutrition or California Food Assistance Program, County Relief, General Relief or General Assistance, Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, In-Home Supportive Services, Medi-Cal. Only one benefit is required for review and/or approval.

- Acceptable forms of proof include an electronic benefits transfer card or another card, or other documentation that confirms your receipt of qualifying Public Benefits.

**"Low Income" qualifying financial conditions** are defined in GC 68632(b) as an applicant whose monthly income is 125 percent or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. See Chart below for current income thresholds.

- Acceptable forms of proof of Low Income include a recent pay stub, an earnings or financial statement, or other documentation that demonstrates that you qualify as Low Income.

Family / Household Size	1	2	3	4	5	6	7	8
Annual Income	\$15,175	\$20,575	\$25,975	\$31,375	\$36,775	\$42,175	47,575	52,975

For families/households with more than 8 persons add \$4,320 for each additional person.

This constitutes your application for a payment plan under California Vehicle Code (CVC) 40220. If it is approved and you qualify for the payment plan, you will automatically be enrolled and a follow-up communication will provide you detailed payment information and terms. If for any reason you wish to revoke your application (or cancel a payment plan if you are enrolled), you may notify us at any time. If your application is incomplete or is otherwise rejected, you will be notified.

## PAYMENT PLAN TERMS & CONDITIONS

### HOW TO APPLY:

**By Mail:** Mail your application and supporting documentation to City of Vista, 200 Civic Center Drive

**In Person:** 200 Civic Center Drive

- Applicants must apply for a payment plan within 60 days of issuance of a notice of parking violation, or within 10 days after an administrative hearing determination, whichever is later. You are only entitled to enroll in a payment plan once for any specific citation(s). Subject to the timing requirements, you may enroll in additional payment plans for any citation(s) which were not previously included in a payment plan.
- Citations enrolled in this program are not eligible for an Administrative Review or Hearing.
- Only the vehicle's Registered Owner or Lessee may enroll in the Payment Plan.
- Citations are not eligible for enrollment in a payment program if the cited vehicle is currently booted, towed or impounded (subject to the citations being outside of the above referenced application deadlines).
- Citation late fees and penalty assessments ("Late Fees") are removed at time of enrollment in the payment plan in accordance with CVC 40220. Late Fees are reinstated if plan in not completed.
- DMV registration holds and Franchise Tax Board tax intercepts will not be implemented, and / or will be removed during the payment plan, subject to its satisfactory completion. If the payment plan is not satisfactorily completed, then such remedies may be invoked.
- If a participant'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.
- No citation re-enrollment, contract extensions, or revisions will be granted.
- Non-refundable administrative fee of \$5 is due to the agency upon enrollment, which can be added to the payment plan at the discretion of the plan participant.
- If you are enrolled in a payment plan, then you must make required monthly payments on the due date and otherwise comply with all applicable terms and provisions of the program, and all payment requirements. Detailed payment terms will be provided in a follow-up communication if your application is approved.
- If \$5 administrative fee is not allocated above, fee will be added to the first payment in the payment plan.

## Repayment Schedule

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT	
\$50	2 months	\$25	The payment plan caps the monthly payment amount at \$25.00 if the amount due totals \$450.00 or less.
\$75	3 months	\$25	
\$100	4 months	\$25	
\$125	5 months	\$25	
\$150	6 months	\$25	
Up to \$450	Up to 18 months	\$25	The duration of payment plans varies based upon the amount owed, but will not exceed 18 months.
\$451 and above	Up to 18 months	\$50	