

# SMC Parking Citation Payment Plan Application

## REQUEST FOR PARKING CITATION PAYMENT PLAN

### Low Income Plan

- Mail completed application with supporting documentation to: **1718 Pearl St., Santa Monica CA 90405**
- Contingent on low income status verification (see next page)
- Deadline to apply: within 60 days of citation issuance or 10 days after administrative hearing determination, whichever is later.
- 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.

### Registered Owner Information:

Full Name: \_\_\_\_\_ License Plate: \_\_\_\_\_

Email (**Required**): \_\_\_\_\_ Phone: (     )     - \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Citation Number(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Processing Fee \$5:** *(if not indicated, fee will be included to 1<sup>st</sup> payment)*

(Check One): With 1<sup>st</sup> Payment: \_\_\_\_\_ Added to Payment Plan total: \_\_\_\_\_

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. I declare under penalty of perjury that the foregoing application is true and correct, and I am aware that if I present any material matter as true which I know to be false, I may be subjected to penalties prescribed for perjury under the Penal Code of the State of California.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Low-Income Verification

Indigent Status | Eligibility Status Government Code Section 68632(a) and (b)

**Please select ONE of the following proofs of indigent status for submittal:**

Type	Documentation to submit	Select
Supplemental Social Security/ State Supplementary Payment	Copy of two (2) most recent benefit check stubs or statement; certification from county Social Service office	<input type="checkbox"/>
CalWORKS/Tribal TANF	Copy of Golden State Advantage Card (EBT)	<input type="checkbox"/>
SNAP	Copy of Golden State Advantage Card (EBT)	<input type="checkbox"/>
County Relief, General Relief, General Assistance, CAPI	Various: County Service Office Verification	<input type="checkbox"/>
IHSS and Medi-Cal	Copy of Medi-Cal Card	<input type="checkbox"/>

Proof of Income: 125% or less of Federal Poverty Level (FPL) *\*please see table below*  
Copy of either income tax forms, paystub, or bank statement showing income.

2019 Federal Poverty Guidelines *\*for families/households with more than 8 persons, add \$5,400 for each additional person*

Persons in Family/Household <small>(Please circle one)</small>	125% of the Federal Poverty Guidelines
1	\$15,612
2	\$21,137
3	\$26,662
4	\$32,187
5	\$37,712
6	\$43,237
7	\$48,762
8	\$54,287

<b>Office Use Only</b>	
Registered Owner Confirmed	<input type="checkbox"/> Yes
Low Income Documentation Included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not Approved: _____	Date: _____
Approved: _____	Date: _____