CITY OF MERCED

PARKING CITATIONS INDIGENT PAYMENT PLAN

Name:	Phone #:		_Email:		
Address:	City:		State:	Zip:	
Citation(s) #:	License	e Plate:	DL#:		
AB 503 - UNPAID PARK	ING CITATION PAYMENT F	PLAN			
	ective July 1, 2018, the City unpaid parking ticket(s) who		•		
Please indicate the docun	nentation you have attached	to this application:			
(A) Proof of income.	Please provide your three	(3) most recent pa	ay stubs.		
1. My monthly inc	come amount is:				
2. Number of peo	pple residing in the househole	d:			
• •	rification of Benefits Form check the box(es) that app		nce or Awa	ard Letter for Social	
[] Employment	t	[] Supplemental	Security In	come	
[] In-Home Su	pportive Services (IHSS)	[] Medi-Cal			
[] Food Stamp	[] Food Stamps		[] California Work Opportunity (Cal Works)		
[] General Rel Assistance (ief (GR), County Relief or (GA)	[] Other Genera	I		
. ,	Owner(s)/Lessee(s) does not on of annual earnings from			<u>-</u>	
(D) A copy of a valid	Government issued ID.				
I certify that all state rights to a Payment	ments are true and correct Plan.	. Any false or inco	mplete info	ormation may forfeit my	
Signature:	Date:				
Please return this for	m along with your supportir	ng documents to:			
	C/O Citation I P.C	d Parking Citations Processing Center D. 10479			
	Newport Beac To upload documents visit	ch, CA 92658-0479 t Citationprocessings	enter com		
******	**********	*******		*********	
	<u>Departme</u>	ent Use Only			

Indigent Payment Plan: Approval: [] Granted [] Denied Signature & Date______

Indigent Payment Plan: Terms and Conditions:

- 1. Payment Plan application is available to the Registered Owner(s)/Lessee(s) only.
- 2. Registered Owner(s)/Lessee(s) must provide a valid government issued I.D. at the time of enrollment.
- 3. Required documentation to prove indigent status must be received with application.
- 4. Payment Plan must be requested within 60 days of citation issuance or within 10 days of Administrative Hearing determination, whichever is later.
- 5. Payment Plans are allowed for total amounts due of \$300.00 or less only.
- 6. Registered Owner(s)/Lessee(s) must make monthly payments of no more than \$25.00 per month.
- 7. Notification of Payment Plan approval or denial will be provided by mail.
- 8. Upon approval, a non-refundable fee of \$5.00 will be assessed to the total Payment Plan amount.
- 9. If Payment Plan is approved, citation late penalties will be removed at time of enrollment.
- 10. Citations that are on DMV hold with a total amount due of \$300.00 or less can be rescinded for one-time only if the Registered Owner(s)/Lessee(s) enrolls in a Payment Plan. A \$5.00 late-fee will be assessed to the citation.
- 11. The first monthly payment will be due within 14 days of Payment Plan approval. Monthly payments thereafter will be due every 30 days until paid off. Monthly reminder notices are not provided.
- 12. One monthly payment failure beyond the due date will result in the Payment Plan cancellation.
- 13. A one-time extension of 45 calendar days to resume payments will be granted from the date the Payment Plan becomes delinquent.
- 14. Payment Plan reinstatement must be completed within the original 18 months of the original Plan start date.
- 15. Citation late penalties previously waived will be reinstated if the Registered Owner(s)/Lessee(s) falls out of compliance with the Payment Plan.
- 16. Returned payments for any reason, will result in the Payment Plan cancellation.
- 17. Citations issued to rental vehicles are not eligible to participate in this program.
- 18. Registered Owner(s)/Lessee(s) are not limited to the number of plans/year and can enroll in concurrent plans

Indigent Payment Plan - \$5.00 Payment Plan Fee

AMOUNT OWED	TIMELINE FOR COMPLETION	MAXIMUM MONTHLY PAYMENT
Up to \$300.00	Up to 18 months	\$25.00