

# Low Income Payment Plan Application

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

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

**Initial which option below applies:**

**Select which day of the month preferred:**

Receiving Public Benefits

1<sup>st</sup> of the month

Participant will be given at least 30 days from application approval, before first payment is due.

Proof of Low Income

15<sup>th</sup> of the month

## PART TWO –To be completed by agency staff

**Total Citation Amount Enrolled: \$**

**Final Payment Due: \$**

**Total Enrollment Fee Due: \$**

**Plan Number:**

**Clerk Initials:**

## PART THREE – Participate signature required for processing and enrollment.

I have read and understood the terms and conditions of the Low Income Payment Plan on the back of this application and do hereby certify under penalty of perjury the information provided is correct.

**Signature:**

**Date:**

This constitutes your application for the payment plan. If it is approved and you qualify for the payment plan, you will automatically be enrolled in the payment plan 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 your payment plan, you may notify us at any time. If your application is incomplete or is otherwise rejected, you will be notified.

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	The duration of payment plans varies based upon the amount owed, but will not exceed 18 months.
\$150	6 months	\$25	
Up to \$450	Up to 18 months	\$25	
\$451 and above	Up to 18 months	\$50	

# Low Income Payment Plan Application

## Payment Plan Terms & Conditions

**WHO MAY ENROLL:**

GC 68632(a) An applicant who is receiving public benefits under one or more of the following programs: CalWORKs, Supplemental Nutrition Assistance Program, County Relief, General Relief or General, Cash Assistance Program for Aged, Blind, and Disabled Legal, In-Home Supportive Services, Medi-Cal.

GC 68632(b) (b) 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.\*

**HOW TO ENROLL:**

**By Mail:** Mail your application and supporting documentation to: P.O. Box 3214, Milwaukee, WI 53201-3214.

**In Person:** 4870 Arrow Highway,  
Montclair CA 91763

- 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.
- Only the Registered Owner or Lessee may enroll in the Payment Plan.
- Rental vehicles are not eligible to participate in this program.
- 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).
- Citations enrolled in this program are not eligible for an Administrative Review or

Hearing.

- 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 in 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.
- No citation re-enrollment, contract extensions, or revisions will be granted.
- Non-refundable administrative fee of \$5 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.
- No citation re-enrollment, contract extensions, or revisions to the payment plan will be granted

**SUBMITTING PAYMENTS:**

**By Mail:** Send check or money order payable to City of Montclair Parking Enforcement Center, P.O. Box 3214, Milwaukee, WI 53201-3214. Reference the Payment Plan number and license plate on the check/money order.

Customers enrolling in the low income payment plan must be at 125% or less of the current Federal Poverty Guidelines.\*

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