



Parking Citation Low Income Payment Plan Application

Parking Administration
(619) 691-5250

A Low-Income Payment Plan allows indigent persons to enroll their parking citation(s) in a monthly payment plan. **Please review the Program Terms and Conditions and complete Parts One and Two of this form.** Staff will complete Part Three.

PART ONE - TO BE COMPLETED BY THE APPLICANT

Name	<i>First:</i> _____ <i>Last:</i> _____		
Mailing Address	<i>Street Address:</i> _____		
	<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____
Phone Number: () _____	Email: _____		
Citation Number(s) to enroll in payment plan:	_____	_____	_____
Initial which option below applies:	Select the day of the month preferred to make payments:		
I currently receive qualifying, 'Public Benefits', as defined below.	<input type="checkbox"/>	1st of the Month	The participant will be given at least 30 days from application approval, before the first installment is due.
I qualify as 'Low Income' as defined below.	<input type="checkbox"/>	15th of the Month	
Indicate your Household Size (number of persons)	_____		

PART TWO - SIGNATURE REQUIRED FOR PROCESSING AND ENROLLMENT

I have read and understand 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 qualify as Low-Income or am receiving Public Benefits as defined herein.

Signature: _____	Date: _____
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IMPORTANT: Along with this application, you must submit proof of your indigent status or that you 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 defined in CA Gov Code 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 (SSI), State Supplementary Payment (SSP), Supplemental Nutrition Program 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.

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

'Low-Income' or 'Indigent' is defined in CA Gov Code 68632(b) as an applicant whose monthly income is 200 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 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
Annual Income	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920

PAYMENT PLAN TERMS & CONDITIONS

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), please notify us as soon as possible. If your application is incomplete or is otherwise rejected, you will be notified.

HOW TO APPLY: (Submit application and supporting documents)

By Mail:

City of Chula Vista Finance Department
276 Fourth Ave, Building A
Chula Vista, CA 91910

Email: cvparking@chulavistaca.gov

In-Person: Submit at our office located at:

276 Fourth Ave, Building A, Chula Vista, CA 91910
Mon thru Thurs 8am - 5pm & Fri 8am - 12pm

Online: At our city website. Link provided below.

chulavistaca.gov/departments/finance/payment-plans

- Applicants must apply for a payment plan within 120 days of issuance of a notice of parking violation (citation), or within 10 days of an administrative hearing determination, whichever is later.
- Applicants are only entitled to enroll in a payment plan once for any specific citation. Subject to the timing requirements, you may enroll in additional payment plans for any citation(s) not previously included in a payment plan.
- Only the Registered Owner or Lessee of the vehicle cited may enroll in the Payment Plan.
- Penalties shall be paid off within 24 months.
- Citations are not eligible for enrollment in a payment plan if the cited vehicle is currently booted or impounded, and subject to the citations falling outside the application deadlines.
- Citation late fees and penalty assessments are removed at the time of enrollment in the payment plan in accordance with CVC 40220. Late Fees are reinstated if the plan is not completed per the terms.
- DMV registration holds will not be imposed and/ or will be removed during the period a payment plan is in effect, subject to its satisfactory completion. If the payment plan is not satisfactorily completed, such remedies may be invoked.
- Citations enrolled in this program are not eligible for an Administrative Review or Hearing.
- No citation re-enrollment or revisions will be granted. If a payment plan falls out of compliance, a one-time extension of 45 calendar days will be allowed.
- As a courtesy, the City of Chula Vista may send Payment Plan reminder notices via mail. It is the responsibility of the participant to remit payments when they are due.
- If you are enrolled in a payment plan, you must make the required monthly payments on the due date and otherwise comply with all applicable terms and provisions of the program. Detailed payment terms will be provided in a follow-up notice if your application is approved.

AMOUNT OWED	TIMELINE FOR COMPLETION	MONTHLY PAYMENT	
\$50	2 months	\$25 Max	This table outlines potential payment plan terms for various amounts due. Plans are capped at monthly payment amounts of \$25 if the amount due is equal to or less than \$500. Duration of a payment plans vary based on amount owed, not to exceed 24 months.
\$300	12 months	\$25 Max	
\$500	20 months	\$25 Max	
\$600	Up to 24 months	\$25 (No Max)	
\$700	Up to 24 months	\$30 (No Max)	
\$900	Up to 24 months	\$38 (No Max)	

PART THREE - OFFICE USE ONLY

Payment Plan: Approved Declined Employee Initials/Date: _____

Total Citation(s) Amount Enrolled:	\$ <input type="text"/>	Invoice #:	<input type="text"/>	Date Mailed:	<input type="text"/>
Plan Duration:	<input type="text"/> Months	Monthly Payment Amount:	\$ <input type="text"/>	1st Installment Due:	<input type="text"/>