



PAYMENT PLAN OPTIONS FOR INDIGENT PERSONS WITH UNPAID PARKING CITATIONS

In compliance with California Vehicle Code Section 40220, the City of Escondido will allow a payment plan options for people with unpaid parking tickets who can provide proof of indigency.

A person must apply for an indigency determination within 120 calendar days from the date of issuance of a notice of parking violation, or 10 days after an administrative hearing determination, whichever is later. An application for an indigency determination is included below.

If a person demonstrates proof of indigency, all City late fees will be removed from the unpaid citation(s), and the City will set up a payment plan to allow individuals to pay outstanding parking citations owed in monthly installments within a maximum of 24 months. Individuals who fall out of compliance with the payment plan will have 45 days to resume payments before the City reassigns late fees and files a hold with the Department of Motor Vehicles.

INDIGENCY DETERMINATION

A person is indigent if they meet either of the following requirements:

1. The person's 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 under the authority of Section 9902(a) of Title 42 of the United States Code.

OR

2. The person receives public benefits from any of the following programs:

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- Supplemental Nutrition Assistance Program (SNAP)
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code).
- Medi-Cal



INSTRUCTIONS FOR APPLYING FOR A PAYMENT PLAN AND SHOWING PROOF OF INDIGENCY ARE AS FOLLOWS:

1) You must complete the enclosed application in full and attach **EITHER**:

a) Your most recent pay stubs, Social Security, disability, IRS tax filing, or other financial documentation to verify your monthly income, or to verify that you do not have any income.

OR

b) Verification that you are receiving benefits under one or more of the following programs:

- i) Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- ii) California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- iii) Supplemental Nutrition Assistance Program (SNAP)
- iv) County Relief, General Relief (GR), or General Assistance (GA)
- v) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- vi) In-Home Supportive Services (IHSS) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code)
- vii) Medi-Cal

2) The completed application and supporting documents may be returned by mail to:

City of Escondido
C/O Citation Processing Center
PO Box 10479
Newport Beach, CA 92658-0479

Applications may also be submitted online at: <https://www.citationprocessingcenter.com>

3) Application for this payment plan must be made within 120 calendar days of citation issuance, or within 10 calendar days of an administrative hearing determination (whichever is later).

4) If approved, a \$5.00 payment plan fee must either be paid at the time of approval, or it can be added to the total payment plan amount.

5) The amount due must be paid monthly. If the program goes into default, the total amount and all previously waived late fees will be reinstated. The plan will be in default if a payment is 45 or more days late.



Instructions: Please fill out the application below completely. Attach supporting documentation along with your submission. Any missing information or documents may result in the denial of your application.

First / Last Name			
# in Household			
Street Address			
City, State, Zip			
Phone #		License Plate	
Citation Number(s):			

_____ Criteria # 1: Proof of Valid Registration of the Vehicle Responsible for the Citations listed above

Please check the additional eligibility criteria you are using (choose one):

_____ Criteria # 2A: Income - Documentation Required- Copies of one of the following:

- Proof of income from most recent W-2 / Federal Tax filing

OR

_____ Criteria # 2B: Public Benefits - Documentation Required- Copies of an electronic benefits card or another card, subject to review and approval by the processing agency, of proof of applicant receiving one of the following benefits:

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI) In-Home Supportive Services (IHSS)
- Medi-Cal

PLEASE READ AND SIGN: I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge it is a true, correct, and complete statement made in good faith.

SIGNATURE: _____ DATE: _____