

City of Seaside

Information Sheet for Low-Income Parking Citation Payment Plan

The City of Seaside allows individual(s) to request a Low-Income Payment Plan for unpaid parking citations in cases where the individual can demonstrate that they meet the criteria as a low income household (*2 options with qualifying criteria are below*).

To enroll in a Low-Income Parking Citation Payment Plan, you must submit:

- 1) A completed Low-Income Parking Citation Payment Plan application
- 2) Provide supporting documentation *and*
- 3) Submit a payment plan enrollment fee of \$5.00 (this fee will be added to the total amount due)

Your application, supporting documentation and payment plan enrollment fee for the Low-Income Parking Citation Payment Plan must be submitted within 60 days of the citation issuance date or 10 days after the Administrative Hearing determination. If your low-income payment plan is denied, the total amount due must be paid in full.

Payment late fee: \$5.00 (fee will be added to the payment plan).

Option #1: If you are claiming eligibility for a payment plan because you receive financial assistance under one or more of the following programs, you must provide official documentation confirming benefits from a public assistance agency and/or one of the following documents in addition to the Low-Income Parking Citation Payment Plan application.

ASSISTANCE/PROGRAM/PUBLIC BENEFITS	VERIFICATION/DOCUMENTATION REQUIRED
Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Medi-Cal Card or Notice of Planned Action or SSI Computer – generated printout or bank statement(s) showing SSI deposits (3 months)
California Work Opportunity and Responsibility to Kids Act (CalWORKs)/Temporary Assistance for needy Families (TANF)	Medi-Cal Card or Notice of Action or Income & Eligibility Verification Form or Monthly reporting Form or Electronic Benefit Transfer Card
Supplemental Nutrition Assistance Program (SNAP)	Notice of Action or SNAP ID Card
County Relief, General Relief (GR), General Assistance (GA)	Notice of Action or Copy of Check Stub or County Voucher

Option #2: Total gross annual household income is equal to or less than the following:

PERSON(S) IN FAMILY/HOUSEHOLD	FAMILY GROSS ANNUAL INCOME (supporting documentation required)
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

Financial records (e.g. W-2 forms, Social Security payments, unemployment checks, bank statements, alimony payments, etc.) are required as supporting documentation.

Failure to provide required supporting documentation will result in your request being denied. All approval or denial of low-income payment plan applications will be in writing and mailed to the applicant. The decision rendered is FINAL and cannot be disputed.

City of Seaside

Application Low-Income Parking Citation Payment Plan

Name:	
Address:	
City, State, Zip Code:	
Telephone #:	
E-mail address:	
License Plate #:	
CITATION(S) #	AMOUNT OF FINE

Note: if your application for a Low-Income Parking Citation Payment Plan is denied, all fines must be paid. If you are approved for and enrolled in a plan, you forfeit your right to dispute these citations.

Signature _____ Date _____

Under penalty of perjury, I certify that all statements made are accurate and true. I have read the "Low Income Parking Citation Payment Plan" Information sheet and understand this application is subject to approval and review based on the criteria established.

In order to qualify for a Low-Income Parking Citation Payment Plan, please check each item(s) that applies to you. You will be required to submit any supporting documentation for each entry. Failure to provide required supporting documentation will result in your request being denied.

You may mail this **completed application** with **supporting documentation** to:

**Parking Management Bureau
C/O Payment Plans
One University Circle
Turlock, CA 95382**

I am receiving financial assistance under one or more of the following programs (*check all that apply*):
I agree I must provide supporting documentation for each entry

SSI/SSP

CalWorks/TANF

SNAP

General Relief/General Assistance

OR

My total gross annual household income is less than the amount shown on the Information page.

Number in Family/Household	Annual Gross (before deductions) Household Income



For questions, please contact PMB at **1.800.700.441**