

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