



# Indigent Payment Plan for Parking Citations Application and Guidelines

[www.cityofberkeley.info/parkingcitations](http://www.cityofberkeley.info/parkingcitations)

**Instructions:** Complete this application and attach supporting documentation along with your submission. Any missing information may result in the denial of your application.

<b>First Name</b>			
<b>Last Name</b>			
<b>Street Address</b>			
<b>City, State, Zip Code</b>			
<b>Phone #</b>		<b>License Plate</b>	
<b>Citation Number(s):</b> If you have additional citations, please list them on a separate piece of paper.			
<b>Gross Annual Income</b>		<b>Household/ Family Size</b>	

Please check the eligibility criteria that applies (choose one):

\_\_\_\_\_ **Criteria #1: Income – Documentation required; provide copies of one of the following:**

- Proof of income from a paystub or another proof of earnings
- Most recent W-2

\_\_\_\_\_ **Criteria #2: Public Benefits– Documentation required; provide copies of an electronic benefits card or another card, subject to review and approval by the processing agency, or proof of applicant receiving one of the following benefits:**

- Supplemental Security Income (SSI) or 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 (SNAP) or the California Food Assistance Program (CFAP)
- County Relief, General Relief (GR) or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Support Services (IHSS)
- Medi-Cal

**I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.**

**Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Mail completed application and supporting documentation to:**

City of Berkeley, Attn: Indigent Payment Plans  
1947 Center Street, 1<sup>st</sup> Floor  
Berkeley, CA 94704



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### Guidelines

California Vehicle Code (CVC) Section 40220 states that an issuing agency shall provide a payment plan option for indigent persons. The City will consider individuals who meet one of the eligibility criteria below. If approved and enrolled in an Indigent Payment Plan for Parking Citations, late fees and penalty assessments will be waived. Individuals will have up to twenty-four (24) months to pay off the payment plan balance. The City will allow up to three (3) active payment plans. Provided that the total limit of \$500 has not been met, a new plan may be established.

Indigent Payment Plans are subject to a five dollar (\$5) Administrative Fee. This fee will be added to the total balance of the payment plan. Monthly payments are required; late fees and penalties may be reinstated if the payment plan falls out of compliance, i.e., no monthly payment is received.

Requests must be received within one-hundred twenty (120) calendar days from citation issuance, or within ten (10) calendar days of an Administrative Hearing, whichever is later. A one-time exception may be made for parking citations appearing on a California Department of Motor Vehicles (DMV) Registration Renewal form and will be subject to a five dollar (\$5) Late Fee in addition to the five dollar (\$5) Administrative Fee. To apply for the one-time exception, include a copy of the DMV Renewal Form.

### Qualification Criteria

Individuals must qualify using **ONE** of the following two eligibility criteria:

#### **#1: Income**

Qualified individuals must fall within the monthly/annually income of the current poverty guidelines set by the United States Department of Health and Human Services and published in the Federal Register:

<a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a>		
Household/ Family Size	2022 Monthly Guidelines  <b>Up to</b>	2022 Annual Guidelines  <b>Up to</b>
<b>1</b>	\$1,133	\$13,590
<b>2</b>	\$1,526	\$18,310
<b>3</b>	\$1,919	\$23,030
<b>4</b>	\$2,313	\$27,750
<b>5</b>	\$2,706	\$32,470
<b>6</b>	\$3,099	\$37,190
<b>7</b>	\$3,433	\$41,190
<b>8</b>	\$3,886	\$46,630

#### **OR #2: Proof of Public Benefits**

- Supplemental Security Income (SSI) or 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 (SNAP) or the California Food Assistance Program (CFAP)
- County Relief, General Relief (GR) or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
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