



Office of the City Treasurer – Delinquent Accounts Program
APPLICATION for PAYMENT ARRANGEMENTS

Collection ID No.: _____

Date: _____

Personal Information

Full Name		Date of Birth	Social Security No.	
Street Address		City	State	ZIP
Drivers License No.				
Home Telephone No.	Cell Phone No.	How long at this address?	Home Email Address	
Employer Name		Work Telephone No.	Fax No.	Work Email Address
Employer Street Address		City	State	ZIP
Employed How long?	Occupation	Gross Monthly Salary	Dates Paid	

Spouse Information

Spouse's Full Name		Date of Birth	Social Security No.	
Street Address		City	State	ZIP
Drivers License No.				
Home Telephone No.	Cell Phone No.	How long at this address?	Home Email address	
Employer Name		Work Telephone No.	Fax No.	Work Email Address
Employer Street Address		City	State	ZIP
Employed How Long?	Occupation	Gross Monthly Salary	Dates Paid	

Other Income

Describe any other sources of income you or your spouse receive
If you have any dependants, list their ages and your relationship

Rent or Homeowner Information

Landlord or Mortgage Holders Name	Are you a Homeowner or do you Rent?
Landlords or Mortgage Holders Street Address	City State ZIP
Telephone No.	Amount of monthly rent or mortgage payment?

Bank Information

Bank Name and Address	Account Type	Account No.	Account Balance
Bank Name and Address	Account Type	Account No.	Account Balance
Bank Name and Address	Account Type	Account No.	Account Balance

Contact Information

Name of a friend or relative not living with you	Telephone No.	Relationship
Street Address	City	State ZIP

Monthly Obligations	Balance Owed	Monthly Payment
Rent or Mortgage		
Food		
Transportation Expenses (<i>vehicle payment, gasoline, insurance, etc.</i>)		
Medical Expenses (<i>doctor, dentist, hospital, etc.</i>)		
Utilities (<i>gas/electric, telephone, water, cable, etc.</i>)		
Other (<i>describe</i>)		
Other (<i>describe</i>)		
Total	\$	\$

Describe the payment terms you are requesting:

Declaration

I understand that if my request for payments is approved and I make my payments as agreed, my account(s) will still be reported to the State of California Franchise Tax Board for offset against any State income tax return or lottery winnings I may receive. In addition, I understand that vehicles with unpaid parking citations on active payment plans, are still eligible for impound.

I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature _____ Date _____

Return to: City of San Diego
P.O. Box 129039
San Diego, CA 92112

Address: Delinquent Accounts & Parking Administration Office
202 C Street, Plaza Hall
San Diego, CA 92101

Office: (619) 744-3100

Hours: Mon-Fri 9:00 AM to 4:00 PM

Fax: (619) 533-3840

Web: www.sandiego.gov/treasurer/collections