



Parking Administration

Low Income Payment Plan Application

Instructions:

Payment plans will only be issued to the registered owner or lessee of a vehicle. If approved a \$5 payment plan fee will be assessed to each citation.

Please fill out section "A". Attach a copy of your legal photo ID with signature. To qualify for a payment plan you must meet the qualifications listed in either section "B" or "C". Sign and return the application to one of the address below.

A: CONTACT INFORMATION

Name:	Email:
Address:	Number of people in household including self:

Citation 1:		Plate 1:		Citation 4:		Plate 4:	
Citation 2:		Plate 2:		Citation 5:		Plate 5:	
Citation 3:		Plate 3:		Citation 6:		Plate 6:	

B: PUBLIC BENEFITS VERIFICATION

Please check no more than two that apply. Proof of receipt of benefits is required when submitting application.

- ☐ Supplemental Security Income (SSI)
- ☐ State Supplementary Payment (SSP)
- ☐ California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- ☐ Supplemental Nutrition Assistance Program (EBT)
- ☐ County Relief, General Relief (GR), or General Assistance (GA)
- ☐ Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants
- ☐ In-Home Supportive Services (IHSS)
- ☐ Med-Cal
- ☐ California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program)
- ☐ Unemployment Compensation

C: INCOME VERIFICATION

Income must be 200 percent or less of current poverty guidelines. Please check what you will be providing to meet this qualification. Attach documentation.

- ☐ Last two months of paycheck stubs ☐ Last two bank statements ☐ Last income tax return

I certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge.

Signature: _____

Email to: paymentplanparking@sandiego.gov

Or

Mail to: Parking Administration
PO Box 129038
San Diego CA 92112