



City of San Diego  
Office of the City Treasurer – Collection 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

<b>Monthly Obligations</b>	<b>Balance Owed</b>	<b>Monthly Payment</b>
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> )		
<b>Total</b>	<b>\$</b>	<b>\$</b>

**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:** The Executive Complex  
1010 2nd Avenue, West Tower, Sixth Floor  
San Diego, CA 92101

**Office:** (619) 744-3100

**Hours:** Mon-Fri 8:00 AM to 5:00 PM

**Fax:** (619) 533-3840

**Web:** [www.sandiego.gov/treasurer/collections](http://www.sandiego.gov/treasurer/collections)