

**CITY OF LOS ANGELES
DEPARTMENT OF TRANSPORTATION
PARKING VIOLATIONS BUREAU**

INFORMATION SHEET ON INSTALLMENT PAYMENT PLAN FOR PARKING CITATIONS

The City of Los Angeles allows individuals to request an Installment Payment Plan **only** in cases where the individuals can document that they meet the criteria **as a very-low-income household (3 options with qualifying criteria – see below)**. **If your installment payment plan request is denied, the total amount due must be paid in full.**

Option #1. If you are claiming eligibility for a payment plan because you receive financial assistance under one or more of these programs, you must produce official documentation confirming benefits from a public assistance agency and/or one of the following documents, PLUS you must fill out an Installment Payment Plan Form – household income and expenditures:

PROGRAM	VERIFICATION DOCUMENTATION REQUIRED
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer – generated Printout or Bank Statement(s) showing SSI deposits (3 months)
Cal WORKS/TANF	Medi-Cal Card or Notice of Action or Income & Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card
FOOD STAMPS PROGRAM	Notice of Action or Food Stamp ID Card
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

OR

Option #2. Total gross annual household income is equal to or less than the following:

NUMBER IN FAMILY	FAMILY GROSS ANNUAL INCOME: (Support documentation required)
1 person	\$30,400
2 people	\$34,750
3 people	\$39,100
4 people	\$43,400
5 people	\$46,900
6 people	\$50,350
7 people	\$53,850
8 people	\$57,300

OR

Option #3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also pay for parking fines. Financial records (i.e., W-2 forms, Social Security payments, unemployment checks, bank statements, alimony payments, etc.) are required. List of all monthly expenditures with supporting documentation is required.

To apply for an Installment Payment Plan, fill out the attached application and submit the completed form with all required supporting documentation for all entries. Failure to provide supporting documentation will result in your request being automatically denied and you will not have an opportunity to submit additional information. ALL approval or denial of Installment Payment Plan applications will be in writing and mailed to the contestant. The decision rendered is final and cannot be disputed.

CITY OF LOS ANGELES
APPLICATION FOR AN INSTALLMENT PAYMENT PLAN
 Mail To: Parking Violations Bureau, PO Box 30420, Los Angeles, CA 90030

Name:		
Address:		
City, State, and Zip Code:		
Telephone numbers:		
CITATION(S) #	AMOUNT OF FINE	DUE DATE

Under penalty of perjury, I certify that all statements made are accurate. I have read the "Installment Payment Plan Request" and understand this application is subject to approval and review based on the criteria established.

Note: If your application for an Installment Payment Plan is denied, all fines must be paid. If you are approved for and enrolled in a plan, you are forfeiting your right to contest these citations.

Signature and Date required: _____

In order to qualify for an Installment Payment Plan, please check each item that applies to you. You will be required to submit supporting documentation for each entry; failure to do so will result in an automatic denial of your request. You may mail this completed form with supporting documentation to: Parking Violations Bureau, PO Box 30420, Los Angeles, CA 90030.

I am receiving financial assistance under one or more of the following. I must provide supporting documentation (refer to Information Sheet on Fee Waivers) for each entry:

- | | |
|---|---|
| <input type="checkbox"/> SSI and SSP* | <input type="checkbox"/> Cal Works* |
| <input type="checkbox"/> Food Stamps Program* | <input type="checkbox"/> General Relief/General Assistance* |

- * Supporting documentation is required; without support documentation your application will be denied.
- * If you checked this box, you must complete the Financial Information Worksheet on the back and submit supporting documentation for each entry.

OR

My total gross **annual** household income is less than the amount shown on the Information Sheet. (If you checked this box, you must complete the Financial Information Worksheet on the back and submit documentation for each entry).

Number in Family: _____ **Annual** Gross (before deductions) Household Income: _____

OR

My income is not enough to pay for common necessities of life and the people in my family whom I support and also pay citation fines. (If you check this box, you must complete the Financial Information Worksheet on the back and submit supporting documentation for each entry).

Your Name: _____ Vehicle License Plate: _____

If you checked 1, 2, or 3 on the front page, you must complete this form and provide supporting documentation for entries (supporting documentation must be official documents, not handwritten notes). If this record is incomplete, your request will be denied. Supporting documents will not be returned.

Household Monthly Income: _____
2: _____
a. Gross monthly income (before deductions) \$ _____ \$ _____
b. Total monthly deductions (payroll) 3: _____
\$ _____ \$ _____
c. Total monthly take home pay 4: _____
\$ _____

d. *List the source and amount of ANY other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veteran's payments, dividends, interest, trust income, annuities, net business or rental income, tuition reimbursement, job related reimbursement, gambling or lottery winnings, parental support (see * note below), etc.

d-Cars, boats, and other vehicles:
Make/Yr: _____ Amount Owed:
1: _____ \$ _____
2: _____ \$ _____
3: _____ \$ _____
4: _____ \$ _____

1: _____ \$ _____
2: _____ \$ _____
3: _____ \$ _____

Total Monthly Income is \$ _____
(ADD c plus d)

Please submit official documentation to support each entry, for example, official social security benefits letters, official tuition and grant statements, rental/property income (tax forms), etc.

Your Money and Property (assets)

a-Cash \$ _____
b-All financial accounts (including all savings, checking, CDs, Money Market, etc. List bank name and amount)
1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

c-Credit cards (s) amount owed:
Name (Visa, MasterCard, Discover, AMEX, etc.)
1: _____
Amount owed:
\$ _____

Household Monthly Expenses:

1. Rent or Mortgage* \$ _____
2. Food (monthly est.) \$ _____
3. Utilities* (tel., electric, etc.) \$ _____
4. Clothing (est.) \$ _____
5. Laundry/Cleaning* \$ _____
6. Medical/Dental bills* \$ _____
7. Insurance bills* \$ _____
8. School/Childcare* \$ _____
9. Child/spousal support* \$ _____
10. Transportation/gas \$ _____
11. Loans* _____
12. Misc.* _____

TOTAL EXPENSES: (add 1-12) \$ _____