LOW INCOME PAYMENT PLAN APPLICATION

SAN DIEGO COUNTY SHERIFF

Low Income Payment Plans provide customers an option to enroll parking citation(s) in a monthly payment plan

Please review the Program Terms and Conditions and complete Part One and Part Three of this form.
Our staff will complete Part Two of this form.

PART ONE – To be completed by the participant				
First and Last Name:				
Address:				
City, State, ZIP:				
Driver License State & Number:			**Phone:**	
Vehicle License Plate State & Number:				
Citation(s) Enrolled:				
Initial which option below applies:			**Select which day of the month preferred:**	
I currently Receive qualifying "Public Benefits" as defined below.		1st of the month		Participant will be given at least 30 days from application approval, before first payment is due.
I qualify as "Low Income" as defined below.		15th of the month		
Indicate Family / Household Size (number of persons)				

PART TWO –To be completed by agency staff			
Total Citation Amount Enrolled:	$	**Final Payment Due**:	$
Total Enrollment Fee Due:	$	**Plan Number:**	**Clerk Initials:**

PART THREE – Participate signature required for processing and enrollment.	
I have read and understood the terms and conditions of the Low Income Payment Plan described in this application and do hereby certify the information provided is true and correct. I acknowledge that I must submit acceptable forms of proof along with this application, as described below, and I certify that I am Low Income or receiving Public Benefits as defined herein.	
Signature:	**Date:**

IMPORTANT: Along with this application, you must submit proof that you are "Low Income" or receive "Public Benefits". Acceptable forms of proof are described below. This application must be fully and properly completed, and transmitted in accordance with the instructions below.

"Public Benefits" are as defined at GC 68632(a) and include, but are not limited to, public benefits under one or more of the following programs: CalWORKs (or Tribal TANF), Supplemental Security Income and State Supplementary Payment, Supplemental Nutrition or California Food Assistance Program, County Relief, General Relief or General Assistance, Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, In-Home Supportive Services, Medi-Cal.

- Acceptable forms of proof include an electronic benefits transfer card or another card, or other documentation that confirms your receipt of qualifying Public Benefits.

"Low Income" is defined at GC 68632(b) and is an applicant whose monthly income is 200 percent or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services. See Chart below for current income thresholds.

- Acceptable forms of proof of Low Income include a recent pay stub, an earnings or financial statement, or other documentation that demonstrates that you qualify as Low Income.

Family / Household Size	1	2	3	4	5	6
Annual Income	$31,300	$42,300	$53,300	$64,300	$75,300	$86,300

This constitutes your application for a payment plan under California Vehicle Code (CVC) 40220. If it is approved and you qualify for the payment plan, you will automatically be enrolled and a follow-up communication will provide you detailed payment information and terms. If for any reason you wish to revoke your application (or cancel a payment plan if you are enrolled), you may notify us at any time. If your application is incomplete or is otherwise rejected, you will be notified.

PAYMENT PLAN TERMS & CONDITIONS

HOW TO APPLY:

By Mail: Mail your application and supporting documentation to the "San Diego County Sheriff" P.O. Box 6010, Inglewood, CA 90312.

- Applicants may apply anytime. You are only entitled to enroll in a payment plan once for any specific citation(s). Subject to the timing requirements, you may enroll in additional payment plans for any citation(s) which were not previously included in a payment plan.
- Only the Registered Owner or Lessee may enroll in the Payment Plan.
- Citations are not eligible for enrollment in a payment program if the cited vehicle is currently booted, towed or impounded (subject to the citations being outside of the above referenced application deadlines).
- Citations enrolled in this program are not eligible for an Administrative Review or Hearing.
- Citation late fees and penalty assessments ("Late Fees") are removed at time of enrollment in the payment plan in accordance with CVC 40220. Late Fees are reinstated if plan in not completed.
- DMV registration holds and Franchise Tax Board tax intercepts will not be implemented, and / or will be removed during the payment plan, subject to its satisfactory completion. If the payment plan is not satisfactorily completed, then such remedies may be invoked.
- No citation re-enrollment, contract extensions, or revisions will be granted.
- Non-refundable administrative fee of $5 is due to the agency upon enrollment, which can be added to the payment plan at the discretion of the plan participant.
- If you are enrolled in a payment plan, then you must make required monthly payments on the due date and otherwise comply with all applicable terms and provisions of the program, and all payment requirements. Detailed payment terms will be provided in a follow-up communication if your application is approved.

REPAYMENT SCHEDULE:

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT	
$50	2 months	$25	The payment plan caps the monthly payment amount at $25.00 if the amount due totals $500.00 or less. The duration of payment plans varies based upon the amount owed, but will not exceed 18 months.
$75	3 months	$25	
$100	4 months	$25	
$125	5 months	$25	
$150	6 months	$25	
Up to $500	Up to 24 months	$25	
and above	Up to 24 months	$50	