



INCOME DRIVEN PARKING CITATION PAYMENT PLAN

Guidelines and Application

<https://www.oaklandca.gov/Public-Safety-Streets/Parking-Vehicles/Parking-Tickets/Pay-a-Parking-Ticket>

Guidelines

California Vehicle Code (CVC) Section 40220 states that an issuing agency shall provide a payment plan option for indigent people. The City will consider individuals who meet one of the eligibility criteria below. If approved and enrolled in an Income Driven (Indigent) Parking Citation Payment Plan, late fees and penalty assessments will be waived. Individuals will have up to twenty-four (24) months to pay the payment plan balance in full. **Only the registered owner can apply!**

Citations under Administrative Review cannot be enrolled. Citation late fees and penalties are removed at time of enrollment in the payment plan in accordance with CVC 40220.

Income Driven Parking Citation Payment Plans are subject to a five dollar (\$5) Administrative Fee. This fee will be added to the total balance of the payment plan. Monthly payments are required; late fees and penalties may be reinstated if the payment plan falls out of compliance, i.e., no monthly payment is received.

Instructions

Please complete this application in full and attach all required supporting documentation. Failure to provide complete information may result in the delay or denial of your application.

First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Phone:	License Plate:	

Select either Public Benefits or Income eligibility.

☐	Public Benefits	
Documentation required; subject to review and approval by the processing agency. Proof of applicant receiving one of the following benefits:		
☐	Supplemental Security Income (SSI) or State Supplementary Payment (SSP)	
☐	California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program	
☐	Supplemental Nutrition Assistance Program (SNAP) or the California Food Assistance Program (CFAP)	
☐	County Relief, General Relief (GR) or General Assistance (GA)	
☐	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	
☐	☐ In-Home Support Services (IHSS)	☐ Medi-Cal ☐ Unemployment compensation

☐	Income
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Documentation required; provide copies of the following:

☐	Proof of income from a paystub
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Qualified individuals must fall within 200% of the monthly/annually income of the current poverty guidelines set by the United States Department of Health and Human Services and published in the Federal Register: <https://aspe.hhs.gov/poverty-guidelines>

Household / Family Size	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐
Monthly Guidelines	\$2,660.00	\$3,607.00	\$4,553.00	\$5,500.00	\$6,447.00	\$7,393.00	\$8,401.00	\$9,287.00
Annual Guidelines	\$31,920.00	\$43,290.00	\$54,640.00	\$66,000.00	\$77,360.00	\$88,720.00	\$100,080.00	\$111,440.00

☐	Other sources of income
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List the source and amount of any other income received each month including spousal support / child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAC), veteran's payments, dividends, interest, trust income, annuities, net business, rental income, reimbursement for job related expenses, gambling or lottery winnings, etc.

Source	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total other sources of income (add lines 1-5)	\$

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments are true and correct.

Name:	Signature:	Date:
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Mail completed application and supporting documentation to:

City of Oakland Citywide Collections, 150 Frank H. Ogawa Plaza Suite 5342, Oakland, CA 94612

Or Email: citywidecollectionrequests@oaklandca.gov

Total Citation Amount Enrolled (including Admin fee)	\$
Total Amount Due	\$
Total Monthly Payment Due	\$

City of Oakland Collections Staff Use Only			
Collections Officer:			Date:
Supervisor:	☐ Approved	☐ Denied	Date:
Notes:			