



## CITY OF OAKLAND

Revenue Management Bureau – Collections Unit  
150 Frank H. Ogawa Plaza Suite 5342, Oakland, CA 94612  
(510) 238-7317

### REQUEST FOR ABILITY TO PAY DETERMINATION

Parking Citation cases ONLY, not traffic citations

If you receive public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your city parking citations, you may use this form to request the City of Oakland Collection Unit to determine your ability to pay.

#### Complete all sections that apply to be considered for the payment plan.

First and Last Name:		Date of Birth:	
Address:			
City:		State:	Zip:
Driver License State & Number:		Phone #:	
Vehicle License Plate State & Number:			
Citation(s) Enrolled:			

☐ I currently receive qualifying "Public Benefits", select all that apply below:

<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> SSI	<input type="checkbox"/> CalWORKS	<input type="checkbox"/> GR (General Relief)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSP	<input type="checkbox"/> EGA	<input type="checkbox"/> IHSS (In-Home Supportive Services)
<input type="checkbox"/> Tribal TANF (Tribal Temporary Assistance for Needy Families)			
<input type="checkbox"/> CAPI (Cash Assistance Program for Aged, Blind and Disabled)			

"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.

☐ I qualify as "Low Income", select Family / Household size below:

Family / Household Size	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Monthly Income	\$3,996.00	\$4,567.00	\$5,138.00	\$5,709.00	\$6,167.00	\$6,625.00
If more than 6 people in household, add \$433.00 for each extra person.						

"Low Income" is defined at GC 68632(b) and is an applicant whose monthly income is 125 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 above for current income thresholds.

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

Name:	Collection Account #: City of Oakland Collections Staff Use
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**Fill out following information based on average monthly income for the past 12 months.**

For more information call (510) 238-7317 or visit [www.OaklandCA.gov](http://www.OaklandCA.gov) and search for 'Parking Ticket Payment Plans.' Additional information can be attached on separate pages, write your name at the top of each attachment.

Name of Employer:		Phone:
Address:		
City:	State:	Zip:
Job Title:		

Gross Monthly Income (before deductions)	\$
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**List each deduction and the dollar amount**

List Deduction	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Monthly Deductions (add lines 1-5)	\$

Total Monthly Take Home Pay (subtract Total Monthly Deductions from Gross Monthly Income)
\$

**List the source and amount of any other income received each month**

Including: supposal 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.

List Source	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Other Income (add lines 1-5)	\$

Name:	Collection Account #: City of Oakland Collections Staff Use
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Total Citation Amount Enrolled	\$
Total Enrollment Fee Due	\$
Final Payment Due	\$

### Payment Plan Terms & Conditions

- Applicants must apply for a payment plan within 120 days of issuance of a notice of parking violation, or within 10 days after an administrative hearing determination, whichever is later. 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 our payment plan.
- Only the registered owner or lessee may enroll in the payment plan.
- 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 of the payment plan in accordance with CVC 40220. Late fees are reinstated if plan is 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 reenrollment, contract extensions, or revisions will be granted.
- Non-refundable administrative fee of \$5.00 is due to the agency upon enrollment which will be added to the payment plan at the time of enrollment.
- 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.

**IMPORTANT:** Along with this application, you must submit proof that you receive "Public Benefits" or are "Low Income". Acceptable forms of proof are described above.

This constitutes your application for a payment plan under California Vehicle Code (CVC) 40220.

**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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### City of Oakland Collections Staff Use Below

Collections Officer:	Date:
Denied by Supervisor:	Date:
Approved by Supervisor:	Date:
Notes:	