



# CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

333 West Ocean Boulevard, Lobby Level, Long Beach, CA 90802 (562) 570-6822

## REQUEST FOR INDIGENT PAYMENT PLAN

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Invoice #: \_\_\_\_\_ License Plate: \_\_\_\_\_ DL #: \_\_\_\_\_

### TOWING CITATION PAYMENT PLAN

Beginning October 1, 2018, the City of Long Beach will allow Payment Plans for Indigent Registered Owner(s)/Lessee(s) with unpaid towing and storage fees issued on or after October 1, 2018 for amounts of \$600.00 or less .

Please indicate the documentation you have attached to this application:

**(A) Proof of income. Please provide your three (3) most recent pay stubs.**

A. 1. My monthly income amount is: \_\_\_\_\_

A. 2. Number of people residing in the household: \_\_\_\_\_

**(B) Must provide Verification of Benefits Form for Public Assistance, or Award Letter for Social Security. Please check the box(es) that apply:**

- Employment
- In-Home Supportive Services (IHSS)
- Food Stamps
- General Relief (GR), County Relief or General Assistance (GA)
- Supplemental Security Income
- Medi-Cal
- California Work Opportunity (Cal Works)
- Other

**(C) If the Registered Owner(s)/Lessee(s) does not have income or receives public assistance, a copy of annual earnings from the Social Security Department is required.**

I certify that all statements are true and correct. Any false or incomplete information may forfeit my rights to a Payment Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with your supporting documents to:

Long Beach Parking Citations  
P.O. Box 22766  
Long Beach, CA 90801

OR: email to: FM-ParkingCitation@longbeach.gov

**Department Use Only**

Payment Plan:  Indigent

Approval:  Granted  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_