



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

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

REQUEST FOR PARKING CITATION INDIGENT PAYMENT PLAN

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Citation(s) #: _____ License Plate: _____ DL #: _____

PARKING PAYMENT PLAN

Per AB 503 and AB 2544, the City of Long Beach will allow Payment Plans for Indigent Registered Owner(s)/Lessee(s) with unpaid parking citations.

Please indicate the documentation you have attached to this application:

(A) Proof of income. Provide your three (3) recent pay stubs, or bank statement.

A. 1. My monthly income amount is: _____

A. 2. Number of people residing in the household: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> California Work Opportunity (Cal Works) |
| <input type="checkbox"/> General Relief (GR), County Relief or General Assistance (GA) | <input type="checkbox"/> Cash Assistance Program for Aged, Blind and Disabled Legal Immigrants (CAPI) |

(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: _____