



# CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

411 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](mailto:FM-ParkingCitation@longbeach.gov)

**Department Use Only**

Payment Plan:  Indigent

Approval:  Granted  Denied

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

## Parking Citation Indigent Payment Plan Terms and Conditions

1. Payment Plans for unpaid parking citations are only available to Registered Owner(s)/ Lessee(s).
2. For citations issued after July 1, 2018, Payment Plans must be requested within 120 days of citation issuance or within 10 days of Administrative Hearing determination, whichever is later.
3. For citations issued before July 1, 2018, Assembly Bill 2544 was approved on September 18, 2018, allowing Registered Owner(s)/Lessee(s) to request an Indigent Payment Plan application for unpaid parking penalties.
4. The first monthly payment will be due within 14 days of Payment Plan approval. Monthly payments thereafter will be due every 30 days until paid off. Monthly reminder notices are not provided. Upon approval of the Payment Plan, a non-refundable fee of \$5.00 will be assessed to the total Payment Plan amount.
5. Registered Owner(s)/Lessee(s) are not limited to the number of plans/year and can enroll in concurrent plans.
6. Registered Owner(s)/Lessee(s) must make monthly payments of no more than \$25.00 per month per payment plan and plans are limited to \$500.00 each. See breakdown in chart below:

<b>AMOUNT OWED</b>	<b>TIMELINE FOR COMPLETION</b>	<b>MAXIMUM MONTHLY PAYMENT</b>
Up to \$500.00	Up to 24 months	\$25.00

7. Registered Owner(s)/Lessee(s) must provide a valid government issued I.D at the time of enrollment. Required documentation to prove indigent status must be received with application. The Registered Owner(s)/Lessee(s) must demonstrate that he or she is indigent by providing either of the following information as applicable:
  - (A) Proof of income from your (3) most recent pay stubs or another proof of earnings, such as a bank statement that show the individual meets the income criteria set forth in subdivision (b) of Section 68632 of the Government Code.
  - (B) Proof of receipt of benefits under the programs described in subdivision (a) of Section 68632 of the Government Code. Proof of receipt will consist of a copy of the most recent: Verification of Benefits Form or Award Letter for Social Security.
  - (C) If the Registered Owner(s)/Lessee(s) does not have income or receives public assistance, a copy of their annual earnings from the Social Security Department is required.
8. Notification of Payment Plan approval or denial will be provided in writing.
9. If Payment Plan is approved, citation late penalties will be removed at time of enrollment.
10. A one-time extension of 45 calendar days to resume payments will be granted from the date the Payment Plan becomes delinquent before the citations are placed on DMV Hold.
11. Citations that are on DMV Hold can be rescinded for one-time only if the Registered Owner(s)/Lessee(s) enrolls in a Payment Plan. A \$5.00 late-fee will be assessed to the citation.
12. Any payment failure beyond the one-time extension will result in the Payment Plan cancellation and citation late penalties previously waived will be reinstated.
13. Payment Plan reinstatement must be completed within the original 18 months of the original Plan start date.
14. Returned payments for any reason, will result in the Payment Plan cancellation.
15. Citations issued to rental vehicles are not eligible to participate in this program.

I certify that I have read, understand, and agree with the Parking Citation Indigent Payment Plan Terms and Conditions.

Name (Print): \_\_\_\_\_

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