

**CITY OF LOS ANGELES
APPLICATION FOR AN INSTALLMENT PAYMENT PLAN**

GUIDELINES

Motorists who meet income eligibility requirements may be able to enroll citations in an installment payment plan (IPP). These plans allow for the payment of open citations over the course of several months. Motorists who owe \$300 or less in base fines may also be eligible to enroll in an extended IPP that allows for the removal of penalties from the citations while the plan is active and provides a longer period to pay the installments. Your eligibility for this plan will be determined when you have returned this application along with the supporting documents detailed below.

Individuals must qualify using one of the following eligibility criteria:

Eligibility Criteria # 1: Income

Applicants must meet the guidelines in the Federal Register by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code. Qualified individuals must fall within the monthly income of 125% or less of the current poverty guidelines, as listed below:

| # of Persons in Household | 2019 Monthly Guidelines | 2019 Annual Guidelines |
|----------------------------------|--------------------------------|-------------------------------|
| 1 | \$1,301 | \$15,613 |
| 2 | \$1,762 | \$21,138 |
| 3 | \$2,222 | \$26,663 |
| 4 | \$2,682 | \$32,188 |
| 5 | \$3,143 | \$37,713 |
| 6 | \$3,603 | \$43,238 |
| 7 | \$4,064 | \$48,763 |
| 8 | \$4,524 | \$54,288 |

Eligibility Criteria #2: Proof of Public Benefits

- Supplemental Security Income (SSI) and 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 or the California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Medi-Cal

Eligibility Criteria #3: Homeless Management Information System (HMIS) participant

- If you are registered in HMIS, please provide your HMIS Identification Number, which will be verified.

Mail the completed application found on the reverse side to:

Parking Violations Bureau
P.O. Box 30420
Los Angeles, CA 90030

APPLICATION FOR AN INSTALLMENT PAYMENT PLAN

Instructions: Please fill out the application below completely. Attach supporting documentation along with your submission. Any missing information or documents may result in the denial of your request.

| | | | |
|----------------------------|--|----------------------|--|
| First Name | | | |
| Last Name | | | |
| Street Address | | | |
| City, State, Zip | | | |
| Phone # | | License Plate | |
| Citation Number(s): | | | |
| | | | |
| | | | |
| | | | |

Please check the eligibility criteria you are using (choose one):

___ **Criteria # 1: Income – State Number of Persons in Household:** _____

Documentation Required – Copies of one of the following:

- Proof of income from a pay stub or another form of proof of earnings, such as a bank statement, that shows that applicant meets the income criteria.
- Most recent W-2

___ **Criteria #2: Public Benefits – Documentation Required – Copies of an electronic benefits card or another card, subject to review and approval by the processing agency, of proof of applicant receiving one of the following benefits:**

- Supplemental Security Income (SSI) and 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 or the California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Medi-Cal

___ **Criteria #3: Homeless Management Information System (HMIS) Identification Number**

Please write the number here: _____

PLEASE READ AND SIGN: I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge it is a true, correct, and complete statement made in good faith.

SIGNATURE: _____

DATE: _____