



City of Beverly Hills – Low Income Payment Plan Guidelines and Application

www.beverlyhills.org

1-800-752-1195

GUIDELINES

Effective July 1, 2018, California Vehicle Code (CVC) Section 40220 establishes that an issuing agency shall provide a payment plan option for indigent persons. The City will consider individuals who owe up to \$300 in original fine amounts and meet one of the eligibility criteria below. If approved and once a person enrolls in the payment plan, late fees and penalty assessments will be waived. Individuals will have up to 18 months to pay the outstanding remaining balance. Late fees and penalty assessments may be reinstated if the person falls out of compliance within the payment plan.

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	2018 Monthly Guidelines	2018 Annual Guidelines
1	\$1,265	\$15,175
2	\$1,715	\$20,575
3	\$2,165	\$25,975
4	\$2,615	\$31,375
5	\$3,065	\$36,775
6	\$3,515	\$42,175
7	\$3,965	\$47,575
8	\$4,415	\$52,975

Eligibility Criteria #2: Proof of Public Benefits

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CaWORKs) 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

The application can be found on the reverse side.

**Please mail completed application and supporting documentation to the address listed below:
City of Beverly Hills, PO BOX 515257, Los Angeles, CA 90051-6557**



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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 application.

Form with fields: First / Last Name, # in Household, Street Address, City, State, Zip, Phone #, License Plate, Citation Number(s)

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

- Criteria # 1: Income - Documentation Required- Copies of one of the following:
- Proof of income from a pay stub or another proof of earnings, such as Unemployment, Social Security, Disability, and Welfare Claims that shows that applicant meets the income criteria
- Most recent W-2 (include W-4 if you wish to show number of allowances / dependents)
Criteria #2: Public Benefits - Documentation Required- Copies of an electronic benefits card or another card, subject to review and approval by the processing agency and 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

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: _____

FOR CITY USE ONLY: _____ GRANTED _____ DENIED

Reviewed by: _____ Title: _____

Authorized Signature: _____ Date: _____