



## City of Santa Monica – Deposit Deferral Guidelines and Application

### **GUIDELINES**

In accordance with California Vehicle Code (CVC) section 40215(b):

The person requesting an administrative hearing shall deposit the amount of the parking penalty with the processing agency. The issuing agency shall adopt a written procedure to allow a person to request an administrative hearing without payment of the parking penalty upon satisfactory proof of an inability to pay the amount due.

The purpose of this request is to defer payment of the parking citation fines pending the results of the administrative hearing. This does not cancel your fines. Inability to pay does not invalidate the citation. If you are found liable at the hearing, you will be responsible for paying the citation in full.

If you are found liable for this parking citation you must make full payment within **thirty days** of the date of the letter stating that you have been found liable.

If your citation is delinquent and has accrued a penalty, you are not eligible to apply for the deposit deferral. The total amount due, including penalties, must be paid in full immediately.

### **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 200% or less of the current poverty guidelines, as listed below:

# of Persons in Household	2023 Monthly Guidelines	2023 Annual Guidelines
1	\$2,430.00	\$29,160.00
2	\$3,286.67	\$39,440.00
3	\$4,143.33	\$49,720.00
4	\$5,000.00	\$60,000.00
5	\$5,856.67	\$70,280.00
6	\$6,713.33	\$80,560.00
7	\$7,540.00	\$90,480.00
8	\$8,441.67	\$101,300.00

### **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

**The application can be found on the reverse side.**

**Please mail completed application and supporting documentation to the address below:**

**City of Santa Monica, P.O. Box 515214, Los Angeles, CA. 90051-6514**

**City of Santa Monica—Deposit Deferral Request Application**

**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.**

<b>First / Last Name</b>			
<b># in Household</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			
<b>Phone #</b>		<b>License Plate</b>	
<b>Citation Number(s):</b>			

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

\_\_\_ **Criteria #1A:** Income - Documentation Required- Copies of one of the following:

- ☐ Proof of income from a pay stub or another form of 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 #1B:** Public Benefits- Documentation Required- Copies of an electronic benefits card or other card, subject to review/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

**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 \_\_\_\_\_

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**FOR CITY USE ONLY:**                      \_\_\_ **GRANTED**                      \_\_\_ **DENIED**

Reviewed by: \_\_\_\_\_ TITLE: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ DATE: \_\_\_\_\_