



City of Santa Monica – Low Income Payment Plan Guidelines and Application

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 has outstanding parking citation(s) 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. There is an enrollment fee of \$5. If one or more citations are already on CA DMV registration hold, there is an additional \$5 late fee. Individuals will have up to 24 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.

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	2025 Monthly Guidelines	2025 Annual Guidelines
1	\$2,608	\$31,300
2	\$3,525	\$42,300
3	\$4,442	\$53,300
4	\$5,358	\$64,300
5	\$6,275	\$75,300
6	\$7,192	\$86,300
7	\$8,108	\$97,300
8	\$9,025	\$108,300

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**



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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.

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

Please check the income 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 a bank statement, that shows that applicant meets the income criteria.
 - Most recent W-2
- ___ **Criteria #1B:** Current 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: _____

FOR CITY USE ONLY: ___ GRANTED ___ DENIED

Reviewed by: _____ TITLE: _____

Authorized Signature: _____ DATE: _____