



City of Sand City

Information Sheet and Application for Low-Income Parking Citation Payment Plan

The City of Sand City allows individual(s) to request a low-income payment plan for unpaid parking citations in cases where the individual can demonstrate that they meet the criteria as a low-income household.

To enroll in a low-income parking citation payment plan, you must submit:

- 1) A completed Low-Income Parking Citation Payment Plan application, and
- 2) Provide supporting documentation, and
- 3) Submit a payment plan enrollment fee of \$5.00 (this fee will be added to the total amount due).

Your application, supporting documentation and payment plan enrollment fee must be submitted within 60 days of the citation issuance, or 10 days after the Initial Review hearing determination. If your low-income payment plan application is denied, the total amount due must be paid in full.

Payment late fee: \$5.00 (fee will be added to the payment plan).

Option #1: Financial Assistance Recipients

If you are claiming eligibility for a payment plan because you receive financial assistance under one or more of the following programs, you must provide official documentation confirming benefits from a public assistance agency and/or one of the following documents in addition to the Low-Income Parking Citation Payment Plan application.

ASSISTANCE/PROGRAM/PUBLIC BENEFITS	VERIFICATION/DOCUMENTATION REQUIRED
Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Medi-Cal Card, or Notice of Planned Action, or SSI computer-generated printout, or bank statement(s) showing SSI deposits (3 months)
California Work Opportunity and Responsibility to Kids Act (CalWORKs)/Temporary Assistance for Needy Families (TANF)	Medi-Cal Card, or Notice of Action, or Income and Eligibility Verification Form, or Monthly Reporting Form, or Electronic Benefit Transfer Card
Supplemental Nutrition Assistance Program (SNAP)	Notice of Action, or SNAP ID Card
County Relief, General Relief (GR), General Assistance (GA)	Notice of Action, or copy of check stub, or county voucher

Option #2: Total Gross Household Income

Total gross annual household income is equal to, or less than, the following:

PERSON(S) IN FAMILY/HOUSEHOLD	FAMILY GROSS ANNUAL INCOME (supporting documentation required)
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

*Financial records (e.g. W-2 forms, social security payments, unemployment checks, bank statements, alimony payments, etc) are required as supporting documentation.

Failure to provide required supporting documentation will result in your request being denied. All approval or denial of low-income payment plan applications will be in writing and mailed to the applicant. The decision rendered is FINAL and cannot be disputed.

City of Sand City Application for Low-Income Parking Citation Payment Plan

Name:	
Address:	
City/State/Zip:	
Telephone:	
E-mail address:	
License Plate:	
Citation(s)	Fine Amount:

Note: if your application for a low-income parking citation payment plan is denied, all fines must be paid. If you are approved and enrolled in a plan, you forfeit your right to dispute these citations.

Signature _____ **Date** _____

Under penalty of perjury, I certify that all statements made are accurate and true. I have read the "Low-Income Parking Citation Payment Plan" information sheet and understand this application is subject to approval and review based on the criteria established.

In order to qualify for a Low-Income Parking Citation Payment Plan, please check each item that applies to you. You will be required to submit any supporting documentation for each entry. Failure to provide required supporting documentation will result in your request being denied.

You may mail this **completed application with supporting documentation**, or return it in person, to:
 Sand City Police Department
 Attn: LIPCPP
 1 Pendergrass Way
 Sand City, CA 93955

- I am receiving financial assistance under one or more of the following programs (check all that apply) and I agree I must provide supporting documentation for each:

	SSI/SSP
	CalWORKs/TANF
	SNAP
	General Relief/General Assistance

- My total gross annual household income is less than the amount shown on the Information Sheet.

Number in Family/Household	Annual Gross (before deductions) Household Income