



**Indigent Payment Plan for Parking Citations
Application and Guidelines**

Instructions: Fill out this application completely. Attach supporting documentation along with your submission. Any missing information for documents may result in the denial of your application. All documents provided will not be returned.

First Name	
Last Name	
Street Address	
City, State, Zip Code	
Phone Number	
License Plate	
Citation Number(s): For additional citations, please list on a separate piece of paper	
Gross Annual Income	
Household / Family Size	

Please check the eligibility criteria that applies (choose one):

 Criteria # 1 : Income – Documentation required; provide copies of one of the following: Proof of income from a paystub or another proof of earnings or most recent W-2

 Criteria # 2 : Public Benefits – Documentation required; provide copies of an electronic benefits card or another card, subject to review and approval by the processing agency, or proof of applicant receiving one of the following benefits:

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

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature _____ **Date** _____

Mail completed application and supporting documents to:

Santa Paula Police Department, Attn: Parking Administration, 214 S. 10th Street, Santa Paula, CA 93060