



C/O City of Riverside
 PO Box 10479
 Newport Beach, CA 92658-0479
 1-866-783-1929

Citation Payment Plan Application Instructions

The City of Riverside allows a vehicle owner/lessee to apply for a payment plan if they meet any of the qualifications below (in accordance with Section 40220 of the California Vehicle Code). If your payment plan application is denied, the total amount due must be paid in full.

Please include copies of required documentation, incomplete applications without copies of required documentation will not be accepted.

To qualify, applicants must meet one of the conditions below:

1. Receive public benefits under one or more of the following programs identified in Section 68632(a) of the Government Code:

PROGRAM	DOCUMENTATION REQUIRED (provide at least one of the following)
Medi-Cal	<ul style="list-style-type: none"> • Medi-Cal card
CalWORKs/ Tribal TANF	<ul style="list-style-type: none"> • Medi-Cal card • Notice of Action • Income & Eligibility Verification Form • Monthly Reporting Form • Electronic Benefit Transfer Card
County Relief/ General Relief/ General Assistance	<ul style="list-style-type: none"> • Notice of Action • Copy of Check Stub • County Voucher

PROGRAM	DOCUMENTATION REQUIRED (provide at least one of the following)
CAPI	<ul style="list-style-type: none"> • Notice of Approval
Food Stamps	<ul style="list-style-type: none"> • Notice of Action • Food Stamp ID Card
SSI/SSP	<ul style="list-style-type: none"> • Medi-Cal card • Notice of Planned Action • SSI computer-generated printout
IHSS	<ul style="list-style-type: none"> • Notice of Action

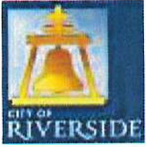
OR

2. Earn a monthly income that is 125 percent or less of the current poverty guidelines updated in the Federal Register by the United States Department of Health and Human Services:

Income must be equal to or lower than what is shown below (for the number of people in your household) *							
Household/ Family Size	Income (\$)		Household/ Family Size	Income (\$)		Household/ Family Size	Income (\$)
1	15,175		5	36,775		9	58,375
2	20,575		6	42,175		10	63,775
3	25,975		7	47,575		11	69,175
4	31,375		8	52,975		12	74,575

*Based on the 2018 poverty guidelines published at <https://aspe.hhs.gov/poverty-guidelines>

To apply for a payment plan, complete this application and submit the form with all required supporting documentation. The payment plan administrative fee is \$5 and will be added to the total payment plan.



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Citation Payment Plan Application

SECTION 1. APPLICANT INFORMATION

Last Name:		First Name:		Date of Birth:	Social Security No.:	
Street Address:			City:		State:	Zip:
Home Phone:	Cell Phone:		Email Address:			
Age and Relationship of Each Dependent:						

SECTION 2. INCOME INFORMATION

Employer Name:		Employer Phone:		How long employed?		
Employer Address:			City:		State: Zip:	
Job Title:		Gross Monthly Salary		Frequency of Paycheck:		
Describe other sources of income including the type, amount and frequency.						

SECTION 3. MONTHLY OBLIGATIONS

Living Expenses	Balance Owed	Monthly Payment	Debt	Balance Owed	Monthly Payment
Rent or Mortgage			Vehicle Loans		
Food			Credit Cards		
Transportation			Student Loans		
Utilities			Medical Bills		
Child/Spousal Support			Payday Loans		
School/Childcare			Collection Accounts		
Clothing			Non-parking Citations		
Other			Other		

SECTION 4. ASSETS

List all checking, savings, CDs, Money Market, Retirement, and any other financial accounts you have.

Bank Name:	Account Type:	Balance:
Bank Name:	Account Type:	Balance:
Bank Name:	Account Type:	Balance:
Bank Name:	Account Type:	Balance:

SECTION 5. CITY OF RIVERSIDE PARKING CITATIONS

Citation Number:	Issue Date:	Balance:
Citation Number:	Issue Date:	Balance:
Citation Number:	Issue Date:	Balance:
Citation Number:	Issue Date:	Balance:

SECTION 6. INCOME VERIFICATION

Failure to provide required documentation will result in a denial. Attach copies of the following to this application.

<p>1. Valid government issued photo ID</p>	<p>3. Copies of three months of bank statements.</p>
<p>2. Proof of Income (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> W2 for most recent tax year and pay stubs from the past 60 days <input type="checkbox"/> If self-employed, 1099 and 1040 with Schedule C for most recent tax year <input type="checkbox"/> If unemployed or disabled, proof of public assistance or an award letter for Social Security or Disability 	<p>4. Supporting documentation (statement) for public benefits programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSI or SSP <input type="checkbox"/> Food Stamps <input type="checkbox"/> CalWORKs/Tribal TANF <input type="checkbox"/> County or General Relief/General Assistance <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Under penalty of perjury, I certify that all statements made are true and accurate. I understand that this application is subject to review and approval based upon established criteria. If my application is denied, I understand that all fines must be paid full.

If my application is approved, I agree to pay forfeit my right to contest these citations.

Signature _____

Date _____

For Internal Use ONLY

Date Reviewed: _____ Reviewers Signature: _____

- Denied
- Approved

First payment of \$ _____ due on _____

Remaining monthly payments of \$ _____ due on the _____ day every month beginning _____

Total number of all payments to be made: _____