

AB 503 - PAYMENT PLAN OPTIONS FOR INDIGENT PERSONS WITH UNPAID PARKING CITATIONS

In compliance with California Vehicle Code Section 40220 and other applicable law ("AB 503"), effective July 1, 2018, the City of Jurupa Valley will allow payment plan options for people with unpaid parking tickets who can provide proof of indigency.

A person must apply for an indigency determination within 60 calendar days from the date of issuance of a notice of parking violation, or 10 days after an administrative hearing determination, whichever is later. An application for an indigency determination is included below.

If a person demonstrates proof of indigency, all City late fees will be removed from the unpaid citation(s), and the City will set up a payment plan to allow individuals to pay outstanding parking citations owed in monthly installments within a maximum of 18 months. Individuals who fall out of compliance with the payment plan will have 45 days to resume payments before the City reassigns late fees and files a hold with the Department of Motor Vehicles.

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INDIGENCY DETERMINATION

A person is indigent if they meet either of the following requirements:

1. The person's monthly income is 125 percent or less of the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of Section 9902(a) of Title 42 of the United States Code.

OR

2. The person receives public benefits from any of the following programs:

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- Supplemental Nutrition Assistance Program (SNAP)
- 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) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code).
- Medi-Cal

INSTRUCTIONS FOR APPLYING FOR A PAYMENT PLAN AND SHOWING PROOF OF INDIGENCY ARE AS FOLLOWS:

- 1) You must complete the enclosed application in full and attach **EITHER**:
 - a) Your most recent pay stubs, Social Security, disability, IRS tax filing, or other financial documentation to verify your monthly income, or to verify that you do not have any income.
 - b) **OR** verification that you are receiving benefits under one or more of the following programs:
 - i) Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
 - ii) California Work Opportunity and Responsibility to Kids Act (CalWORKs)
 - iii) Supplemental Nutrition Assistance Program (SNAP)
 - iv) County Relief, General Relief (GR), or General Assistance (GA)
 - v) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
 - vi) In-Home Supportive Services (IHSS) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code)
 - vii) Medi-Cal

- 2) The completed application and supporting documents must be returned to:

Online requests may be forwarded to: www.CitationProcessingCenter.com

And by mail to:

City of Jurupa Valley
C/O Citation Processing Center
PO Box 10479
Newport Beach, CA 92658-0479

- 3) Application for this payment plan must be made within 60 calendar days of citation issuance, or within 10 calendar days of an administrative hearing determination (whichever is later).
- 4) If approved, a \$5.00 payment plan fee must either be paid at the time of approval, or it can be added to the total payment plan amount.
- 5) The amount due must be paid monthly. If the program goes into default, the total amount and all previously waived late fees will be reinstated. The plan will be in default if a payment is 45 or more days late.

CITY OF JURUPA VALLEY

AB 503 – UNPAID CITATIONS PAYMENT PLAN/PROOF OF INDIGENCY APPLICATION

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

License Plate Number: _____

Citation Number(s) and date(s) issued: _____

Please indicate the documents you have attached to this application:

One or more of the following:

Verification that you are receiving benefits under one or more of the following programs:

- ___ Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- ___ California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- ___ Supplemental Nutrition Assistance Program (SNAP)
- ___ 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) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code).
- ___ Medi-Cal

OR

- ___ Your most recent pay stubs, Social Security, disability, IRS tax filing, or other financial documentation to verify your monthly income.

If your payment plan goes into default, all previously waived late fees will be reinstated and the full amount will become due. Payments are required to be made monthly, and no additional notices will be sent to you. The plan will be in default if a payment is missed by 45 days.

I declare under penalty of perjury that I am authorized to make this statement, and it is a true, correct, and complete statement.

Signature: _____

Date: _____

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FOR OFFICIAL USE ONLY:

GRANTED

DENIED

Reviewed by: _____

Title: _____

Authorized Signature: _____

Date: _____