



CITY OF TEHACHAPI CITATION PROCESSING CENTER
P.O. BOX 10479
NEWPORT BEACH, CA 92658-0479

REQUEST FOR INDIGENT PAYMENT PLAN

Name: _____ Phone #: _____ Email: _____

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

Citation(s) #: _____ License Plate: _____ DL #: _____

AB 503 - UNPAID PARKING CITATION PAYMENT PLAN

As set forth in CVC 40220, effective July 1, 2018, the City of Tehachapi will allow Payment Plan options for Registered Owner(s)/Lessee(s) with unpaid parking ticket(s) who can provide proof of indigency.

Please indicate the documentation you have attached to this application:

(A) Proof of income. Please provide your three (3) most recent pay stubs.

- A. 1. My monthly income amount is:
- A. 2. Number of people residing in the household:

(B) Must provide Verification of Benefits Form for Public Assistance, or Award Letter for Social Security. Please check the box(es) that apply:

- | | |
|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> California Work Opportunity (Cal Works) |
| <input type="checkbox"/> General Relief (GR), County Relief or
General Assistance (GA) | <input type="checkbox"/> Other |

(C) If the Registered Owner(s)/Lessee(s) does not have income or receives public assistance, a copy of annual earnings from the Social Security Department is required.

I certify that all statements are true and correct. Any false or incomplete information may forfeit my rights to a Payment Plan.

Signature: _____ Date: _____

Please return this form along with your supporting documents to:

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Department Use Only

Payment Plan: Indigent

Approval: Granted Denied

Signature: _____ Date: _____