



CITY OF THOUSAND OAKS REQUEST FOR PARKING FINE PAYMENT PLAN

To qualify for a payment plan on your parking citation the following criteria must be met:

1. Your monthly income is less than 125% of the federal poverty guidelines (see table on back) **or** you are on a qualified government assistance program.
2. Request must be received within **60 days** from the issuance of the parking citation or within **10 days** after the administrative decision is sent, whichever is later.

Respondent Name:		Address:
Citation #:	Amount of Fine:	City:
Phone #:		State/Zip:

If your monthly income falls below 125% of the federal poverty guidelines as indicated on the table provided on the back of this form, please provide a copy of your most recent tax return

Please check any programs you are enrolled in and provide proof of enrollment:

- Supplemental Security Income (SSI)
- State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- Supplemental Nutrition Assistance Program or the California Food Assistance Program

- County Relief, General Relief (GR) or General Assistance (GA)
- In-Home Supportive Services (IHSS)
- Medi-Cal
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT THE INFORMATION IS SUBJECT TO VERIFICATION.

Respondent Signature: _____ **Date:** _____

FOR CITY OFFICE USE ONLY

Granted **Denied** PLEASE RETURN TO PARKING ADMINISTRATOR

Payment Plan:

Signature: _____ **Date:** _____

Melissa Hurtado, Revenue Operations Manager

Comments: _____

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,320 for each additional person.	
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380