

# CITY OF MENDOTA

City of Mendota - 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, The City of Mendota will allow payment plan options for Registered Owner(s)/Lessee(s) with unpaid parking ticket(s) that can provide proof of indigence. This application is required as well as a signed City of Mendota Indigent Payment Plan Terms and Conditions.

Please indicate the documentation you have attached to this application:

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

1. My Monthly income amount is: \_\_\_\_\_
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 Support 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<br>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: \_\_\_\_\_

Return this form along with your supporting documents at [www.CitationProcessingCenter.com](http://www.CitationProcessingCenter.com) or by mail to:

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## INDIGENT PAYMENT PLAN

### Terms and Conditions:

1. Payment plan application is available to the Registered Owner(s)/Lessee(s) only.
2. Payment plans are allowed for unpaid parking citations issued on or after July 1, 2018, with total amounts due of \$300.00 or less.
3. Payment Plan must be requested within 60 days of citation issuance or within 10 days of Administrative Hearing determination, whichever is later.
4. Upon approval, a non-refundable fee of \$5.00 will be assessed to the total Payment Plan amount.
5. Citations that are on DMV hold with a total amount due of \$300.00 or less can be rescinded for one-time only if the Registered Owner(s)/Lessee(s) enrolls in a Payment Plan. A \$5.00 late-fee will be assessed to the citation.
6. The first monthly payment will be due every 30 days until paid off. Monthly reminder notices **are not** provided.
7. Registered Owner(s)/Lessee(s) must make monthly payments of no more than \$25.00 per month.
8. Registered Owner(s)/Lessee(s) **must provide copy of valid government issued I.D. at the time of enrollment.**
9. Required documentation to prove indigent status must be received with application.
10. Notification of Payment Plan approval or denial will be provided.
11. If Payment Plan is approved, citation late penalties will be removed at time of enrollment.
12. One monthly payment failure beyond the due date will result in the Payment Plan cancellation.
13. A one-time extension of 45 calendar days to resume payments will be granted from the date the Payment Plan becomes delinquent.
14. Payment Plan reinstatement must be completed within the original 18 months of the original Plan start date.
15. Citation late penalties previously waived will be reinstated if the Registered Owner(s)/Lessee(s) falls out of compliance with the Payment Plan.
16. Returned payments for any reason, will result in the Payment Plan cancellation.
17. Citations issued to rental vehicles are not eligible to participate in the program.
18. Registered Owner(s)/Lessee(s) are not limited to the number of plans/year and can enroll in concurrent plans.

**Indigent Payment Plan – \$5.00 Payment Plan Fee**

**Amount Owed – Up to \$300.00**

**Timeline for Completion – Up to 18 Months**

**Maximum Monthly Payment – \$25.00**

**I certify that I have read and understand the Indigent Payment Plan Terms and Conditions.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_