



MIRACOSTA COLLEGE POLICE DEPARTMENT

One Barnard Drive, Oceanside, CA 92056 ♦ (760) 795-6640 ♦ Fax (760) 795-6683
 Valencia Saadat, Chief of Police

LOW INCOME PAYMENT PLAN CONTRACT

As set forth in CVC 40220, the Processing Agency will allow payment plan options for people with unpaid parking tickets who can provide proof of Low Income status. You may enroll your citations in a monthly payment plan within 120 days of issuance, or within 10 days of an administrative hearing determination. The timeline for completion and minimum monthly amounts due are based on the total amount enrolled in a payment plan. Payment Plans are not available for citations on vehicles that are currently booted or towed.

PART ONE – To be completed by the participant

First and Last Name:

Surf ID:

Address:

City, State, ZIP:

Driver License State & Number:

Phone:

Vehicle License Plate State & Number:

Citation(s) Enrolled:

Initial which option below applies:

I currently Receive qualifying
 "Public Benefits" as defined below.

I qualify as "Low Income" as defined
 below.

Select which day of the month preferred:

1st of the month

15th of the month

Once payment plan is set-up and approved
 the applicant must make the first payment
 installment.

Indicate Family / Household Size (number of persons)

PART TWO – Agency Staff Only

Total Citation Amount Enrolled: \$

**Final Payment
 Due: \$**

Clerk Initials:

PART THREE – Participate signature required for processing and enrollment.

I have read and understood the terms and conditions of the Low Income Payment Plan described in this application and do hereby certify the information provided is true and correct. I acknowledge that I must submit acceptable forms of proof along with this application, as described below, and I certify that I am Low Income or receiving Public Benefits as defined herein. I agree to make monthly payments until the payment plan is completed. If I fall out of compliance of the payment plan schedule below all fees and delinquent penalties that were previously waived will be reapplied, and a DMV hold will be placed on the vehicle. If a defendant's indigent status is found to have been willfully fraudulent, his or her fines and fees reduction shall be overturned and the full amount of fines and fees shall be restored. By signing below, I acknowledge and accept the terms of this contract.

Signature:

Date:



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LOW-INCOME QUALIFICATIONS

“Public Benefits”

Are as defined at GC 68632(a) and include, but are not limited to, public benefits:

Supplemental Security Income (SSI) and State Supplementary Payment (SSP)	Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)	Supplemental Nutrition Assistance Program
County Relief, General Relief, or General Assistance	California Food Assistance Program	In-Home Supportive Services (IHSS)
Tribal TANF grant	Medi-Cal	CalWorks

“Low Income”

Is defined at GC 68632(b) and is an applicant whose 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. See Chart below for current income thresholds.

Household / Family Size	1	2	3	4	5	6
Annual Income	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190

Add \$4,720 for each additional household member above 6.

LOW-INCOME VERIFICATION

IMPORTANT: Along with this application, you must submit proof of Documentation evidencing “Public Benefits” receipt of any services under GOV 68632 or “Low Income” that is 125% or less than current poverty guidelines must be submitted upon application.

1. Payroll stubs or payroll reports that prove the Poverty Guidelines above.
2. Bank Statements showing income and expenses that meet the Poverty Guidelines above
3. Prior year income tax return proving Poverty Guidelines above.
4. Enrollment in one of the following programs: SSI, SSP, CalWorks, County Relief, General Relief, Cash aid or the Aged, Blind or Disabled, IHHS and/or Medi-Cal.
5. Other documentation as approved by the Communication/Records Supervisor.



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REPAYMENT SCHEDULE:

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT	
\$50	2 months	\$25	The payment plan caps the monthly payment amount at \$25.00 if the amount due totals \$500.00 or less. The duration of payment plans varies based upon the amount owed but will not exceed 24 months.
\$75	3 months	\$25	
\$100	4 months	\$25	
\$125	5 months	\$25	
\$150	6 months	\$25	
Up to \$500	Up to 24 months	\$25	

I agree to the following payment arrangements:

Installment #1 Date: Amount:\$	Installment #2 Date: Amount:\$	Installment #3 Date: Amount:\$	Installment #4 Date: Amount:\$	Installment #5 Date: Amount:\$	Installment #6 Date: Amount:\$
Installment #7 Date: Amount:\$	Installment #8 Date: Amount:\$	Installment #9 Date: Amount:\$	Installment #10 Date: Amount:\$	Installment #11 Date: Amount:\$	Installment #12 Date: Amount:\$
Installment #13 Date: Amount:\$	Installment #14 Date: Amount:\$	Installment #15 Date: Amount:\$	Installment #16 Date: Amount:\$	Installment #17 Date: Amount:\$	Installment #18 Date: Amount:\$
Installment #19 Date: Amount:\$	Installment #20 Date: Amount:\$	Installment #21 Date: Amount:\$	Installment #22 Date: Amount:\$	Installment #23 Date: Amount:\$	Installment #24 Date: Amount:\$