



CITY OF EASTVALE

Community Enhancement and Safety Division

12363 Limonite Avenue, Suite 910, Eastvale, CA 91752 • (951) 361-0900 • Fax: (951) 685-1225 • www.EastvaleCA.gov

REQUEST FOR PARKING CITATION INDIGENT PAYMENT PLAN

Parking Payment Plan: Per AB 503 and AB 2544, the City of Eastvale will allow Payment Plans for Indigent Registered Owner(s)/Lessee(s) with unpaid parking citations.

Name: _____	Phone: _____	Email: _____
Address: _____	City: _____	State: _____ Zip: _____
Citation Number(s): _____	License Plate: _____	Drivers License: _____

Per Section 68632 (a) (b) of the Government Code, please indicate the documentation you have attached to this application:

(A) Proof of income. Provide your three (3) most recent pay stubs, or a bank statement.

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

(B) Provide Verification of Benefits Form, or Award Letter for Social Security.

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> In-Home Supportive Services (IHSS) | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program,
Or California Food Assistance Program | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> General Relief (GR), County Relief
or General Assistance (GA) | <input type="checkbox"/> California Work Opportunity (Cal Works) |
| | <input type="checkbox"/> Cash Assistance Program for
Aged, Blind, and Disabled Legal Immigrants (CAPI) |

(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.

- Social Security Department Annual Earnings Attached

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:

AB503 / AB2544 Payment Plan
P.O. BOX 10479
NEWPORT BEACH, CA 92658-0479

DEPARTMENT USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Confirmed Registered Owner(s)/Lessee(s) | <input type="checkbox"/> All Documentation Marked Above Is Included |
|--|---|

Approval: Granted Denied **Signature:** _____ **Date:** _____