City of Pasadena
Department of Transportation - Parking Division
100 N. Garfield Ave, N106
Pasadena, CA 91101
(626) 744-7665

AB503/AB3277 – UNPAID PARKING CITATION PAYMENT PLAN

Beginning July 1, 2021, as approved by the Governor in Assembly Bill 3277, Payment Plans are offered to Indigent Registered Owner(s)/Lessee(s) with unpaid parking citations of amounts $500.00 or less.

For citations issued on or after July 1, 2018, Registered Owner(s)/Lessee(s) may request an Indigent Payment Plan application at any time.

For citation(s) issued before July 1, 2018, Assembly Bill 2544 was approved by the Governor on September 18, 2018, allowing Registered Owner(s)/Lessee(s) to request an Indigent Payment Plan application for unpaid parking penalties.

An Indigent Payment Plan provides the option to pay your parking citation(s) in up to $25.00 monthly increments which shall be paid off within 24 months of the Payment Plan approval date. Upon approval, a non-refundable Payment Plan fee of $5.00 will be assessed to the total Payment Plan amount and all late fees and penalties shall be waived. Waived late fees and penalties may be reinstated if the person falls out of compliance with the Payment Plan.

If approved, the City of Pasadena will set up a payment agreement to pay outstanding parking tickets owed within an extended timeframe and an agreed monthly payment amount. There will be no other negotiations or options for the monthly payment plan. If you are unable to pay the full amount by the deadline, you may be eligible for a one-time extension.

INSTRUCTIONS FOR COMPLETING THE REQUEST ARE AS FOLLOWS:

1. You must complete the enclosed application **in full** and attach your most recent pay stubs, unemployment, Social Security, disability, welfare claim forms, verification of benefits, IRS tax filing, or other government issued documentation to prove your low-income ability to pay. Failure to submit a complete application and supporting documentation will result in an automatic denial of the payment plan request.

2. You may apply online at:
   https://pasadena.citationinfo.com/CitationPaymentOptions.aspx?ShowTypes=1&RequestTypes=1

3. Or mail complete application to:

   City of Pasadena
   Parking Division – AB503/AB3277
   100 Garfield Ave, N106
   Pasadena, CA 91101

CITY OF PASADENA

AB503/3277 – UNPAID CITATIONS PAYMENT PLAN APPLICATION

The following information is required as proof of inability to deposit the full amount of unpaid parking tickets prior to vehicle registration.

Name:_____

Address:_____City:_____

State: _____ Zip: _____ Email: _____

Phone #: _____ Citation Date(s):_____

Citation/Plate #s: _____

In order for your request to be considered, you must complete this application in full and attach your most recent pay stubs, unemployment, Social Security, disability, welfare claim forms, IRS tax filing, or other government issued documentation to support the following information:

1. INCOME:
- ☐Employment – Full-time
- ☐Part-time (# hrs./wk.): ___
- ☐Unemployment
- ☐Disability
- ☐Social Security
- ☐CalFresh
- ☐Other:_____

2. SUPPORTED BY:
- ☐Self
- ☐Spouse
- ☐Parents
- ☐Child(ren)
- ☐Other: _____

3. PERSONS YOU SUPPORT:
- ☐Self
- ☐Spouse
- ☐Children (# of): _____
- ☐Other:_____

TOTAL: _____

4. Occupation:_____If unemployed, number of months unemployed: _____

5. MONTHLY INCOME

Salary/Wages	$_____
Unemployment	$_____
Disability	$_____
Social Security	$_____
Welfare	$_____
Other: _____	$_____
Other: _____	$_____
Other: _____	$_____

6. MONTHLY EXPENSES

Rent/Mortgage	$ _____
Utilities	$ _____
Loans	$ _____
Credit Cards	$ _____
Food/Clothing	$ _____
Transportation	$ _____
Medical/Dental	$ _____
Other	$ _____

TOTAL INCOME: $_____ **TOTAL EXPENSES: $_____**

7. Cash balances:

Checking Accounts: $_____Savings: $_____Cash on Hand: $_____

If the program goes into default, the total amount and all previously waived late fees will be reinstated. Payments are required to be made monthly; no additional notices will be sent to you. The plan will be in default if a payment is missed by 30 days.

I declare under penalty of making a false declaration that I am authorized to make this statement, and to the best of my knowledge it is a true, correct, and complete statement made in good faith.

Signature:_____ Date: _____

FOR CITY USE ONLY: ☐ **GRANTED** ☐ **DENIED**

Reviewed by:_____ Title: _____

Authorized Signature:_____ Date: _____