



City of Pasadena  
Department of Transportation - Parking Division  
221 East Walnut Street #199  
Pasadena, CA 91101  
(626) 744-7665

## **AB 503 – UNPAID PARKING CITATION PAYMENT PLAN**

As set forth in CVC 40220, effective July 1, 2018, the City of Pasadena will allow payment plan options for people with multiple unpaid parking tickets who can provide proof of indigency.

If approved, all late fees will be removed from the citation(s) and the City of Pasadena will set up a payment agreement to pay outstanding parking tickets owed within a maximum of 18 months. Individuals who fall out of compliance with the payment plan have 45 days to resume before the City reassigns late fees and files a hold with the DMV.

### **INSTRUCTIONS FOR APPLYING FOR A PAYMENT PLAN ARE AS FOLLOWS:**

- 1) You must complete the enclosed application in full and attach **either**:
  - a) Verification that you are receiving benefits under one or more of the following programs:
    - i) Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
    - ii) California Work Opportunity and Responsibility to Kids Act (CalWORKs)
    - iii) Supplemental Nutrition Assistance Program (SNAP)
    - iv) County Relief, General Relief (GR), or General Assistance (GA)
    - v) Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
    - vi) In-Home Supportive Services (IHSS) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code).
    - vii) Medi-Cal
  - b) **Or** your most recent pay stubs, Social Security, disability, IRS tax filing, or other financial documentation to verify your monthly income.
- 2) The application and supporting documentation must be completed and returned to:

City of Pasadena  
Parking Division – AB 503  
221 East Walnut Street #199  
Pasadena, CA 91101
- 3) Application for this payment plan must be made within 60 calendar days of citation issuance, or within 10 calendar days of an administrative hearing determination (whichever is later).
- 4) If approved, a \$5.00 payment plan fee must either be paid at the time of approval, or it can be added to the total payment plan amount.
- 5) The amount due must be paid monthly. If the program goes into default, the total amount and all previously waived late fees will be reinstated. The plan will be in default if a payment is 45 or more days late.

**CITY OF PASADENA**  
**AB 503 – UNPAID CITATIONS PAYMENT PLAN APPLICATION**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Citations Issue Dates: \_\_\_\_\_

Citations #s \_\_\_\_\_

**Please indicate the documentation you have attached to this application:**

**One or more of the following:**

Verification that you are receiving benefits under one or more of the following programs:

- \_\_\_\_ Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- \_\_\_\_ California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- \_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)
- \_\_\_\_ County Relief, General Relief (GR), or General Assistance (GA)
- \_\_\_\_ Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- \_\_\_\_ In-Home Supportive Services (IHSS) (Article 7 [commencing with Section 12300] of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code).
- \_\_\_\_ Medi-Cal

**OR**

\_\_\_\_ Your most recent pay stubs, Social Security, disability, IRS tax filing, or other financial documentation to verify your monthly income.

**If your payment plan goes into default, all previously waived late fees will be reinstated and the full amount will become due. Payments are required to be made monthly, and no additional notices will be sent to you. The plan will be in default if a payment is missed by 45 days.**

I declare under penalty of perjury that I am authorized to make this statement, and it is a true, correct, and complete statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
**FOR CITY USE ONLY:**

**GRANTED**

**DENIED**

Reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_