



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 citation(s) issued on or after July 1, 2018, Registered Owner(s)/Lessee(s) may request an Indigent Payment Plan application within 120 calendar days of issuance of the citation, or within 10 days of Administrative Hearing determination, whichever is later.

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::

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4. Application for this payment plan must be made within 120 days of citations.

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

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

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

Citations #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	\$ _____
All 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: \_\_\_\_\_