



Santa Cruz Port District
REQUEST FOR INDIGENT PAYMENT PLAN

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Citation(s) #: _____ License Plate: _____ DL: _____

AB 503 - UNPAID PARKING CITATION PAYMENT PLAN

As set forth in CVC 40220, effective July 1, 2018, the Santa Cruz Port District will allow payment plan options for Registered Owner(s)/Lessee(s) with unpaid parking ticket(s) who can provide proof of indigency.

Please indicate the documentation you have attached to this application.

(A) Proof of income. Please provide your three (3) most recent pay stubs.

A. 1. My monthly income amount is: _____

A. 2. Number of people residing in the household: _____

(B) Must provide Verification of Benefits Form for Public Assistance, or Award Letter for Social Security. Please check the box(es) that apply:

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> In Home Supportive Services (IHSS) | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> California Work Opportunity (Cal Works) |
| <input type="checkbox"/> General Relief (GR), County Relief or General Assistance (GA) | <input type="checkbox"/> Other |

(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.

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 from along with your supporting documents to:

Santa Cruz Port District
135 5th Ave Santa Cruz, CA 95062

Department Use Only

Payment Plan: Indigent

Approval: Granted Denied

Signature: _____ Date: _____