



City of West Hollywood  
 Citation Customer Service Center  
 AB503  
 P O Box 80239  
 Indianapolis, IN 46280

Website: [www.weho.org/parking](http://www.weho.org/parking)  
 Telephone: 1-888-736-7697  
 213-246-4993 (international)

**GUIDELINES**

Effective July 1, 2018, California Vehicle Code (CVC) Section 40220 establishes that an issuing agency shall provide a payment plan option for indigent persons. The City will consider individuals who owe up to \$500 in original fine amounts and meet one of the eligibility criteria below. If approved and once a person enrolls in the payment plan, late fees and penalty assessments will be waived. Individuals will have up to 24 months to pay the outstanding remaining balance. Late fees and penalty assessments may be reinstated if the person falls out of compliance within the payment plan.

Individuals must qualify using **one** of the following eligibility criteria:

**Eligibility Criteria # 1: Income**

Applicants must meet the guidelines in the Federal Register by the United States Department of Health and Human Services under the authority of paragraph (2) of Section 9902 of Title 42 of the United States Code. Qualified individuals must fall within the monthly income of 125% or less of the current poverty guidelines, as listed below:

<b># of Persons in Household</b>	<b>2022 Monthly Guidelines</b>	<b>2022 Annual Guidelines</b>
1	\$1,342	\$16,100
2	\$1,815	\$21,775
3	\$2,288	\$27,450
4	\$2,760	\$33,125
5	\$3,233	\$38,800
6	\$3,706	\$44,475
7	\$4,179	\$50,150
8	\$4,652	\$55,825

**Eligibility Criteria #2: Current Proof of Public Benefits (Within the last 2 years)**

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the California Food Assistance Program
- 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)
- Medi-Cal

**Eligibility Criteria #3: Homeless Management Information System (HMIS) participant**

- If you are registered in the HMIS, please provide your HMIS Identification Number, which will be verified.

**The application can be found on the reverse side.**

**Please mail completed application and supporting documentation to the address listed below:**

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**Instructions: Please fill out the application below completely. Attach supporting documentation along with your submission. Any missing information or documents may result in the denial of your application.**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **License Plate** \_\_\_\_\_

**Citation Numbers** \_\_\_\_\_

If you have more citations, please list them on a separate piece of paper

_____	_____
_____	_____
_____	_____
_____	_____

**Please check the eligibility criteria you are using (choose one):**

\_\_\_ **Criteria # 1: Income - Documentation Required- Copies of one of the following:**

- Proof of income from a current pay stub or another form of proof of earnings, such as a bank statement, that shows that applicant meets the income criteria.
- Most recent W-2

\_\_\_ **Criteria #2: Current Proof of Public Benefits (Within the last 2 years) - Documentation Required-**  
 Current copies of an electronic benefits card or another card, subject to review and approval by the processing agency, of proof of applicant receiving one of the following benefits:

- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) grant program
- Supplemental Nutrition Assistance Program or the California Food Assistance Program
- 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)
- Medi-Cal

\_\_\_ **Criteria #3: Homeless Management Information System (HMIS) Identification Number**

Please write the number here: \_\_\_\_\_

**PLEASE READ AND SIGN: 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 \_\_\_\_\_

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