

PARKING CITATION PAYMENT PLAN AND INDIGENT STATUS APPLICATION

SUMMARY

In compliance with California Vehicle Code section 40220, UC Davis Health provides indigent persons (registered owner/lessee of the vehicle) the option to apply for a payment plan if multiple parking citations are outstanding (unpaid). Only citations issued within the last 60 days by UC Davis Health Parking and Transportation Services (PATS) for a Medical Center parking violation that occurred on or after July 1, 2018 will be considered.

PROOF OF INDIGENT STATUS

The vehicle's registered owner must complete the application attached, submit proof they are receiving benefits from any public assistance programs (e.g. SSI, SNAP, CalFresh, CFAP, TANF, etc.) and/or provide proof of income for all individuals living in the household (e.g. two months' worth of paystubs/earnings statements, checking/savings account statements, etc.). Determination of indigent status will be based on income criteria and/or public benefits described in Subdivision (a) and/or (b) of Section 68632 of the Government Code. **The application and documentation must be received in the PATS office no later than 60 days from the citation issuance date** (or, within 10 days from a Level 2 administrative hearing decision, whichever is later). Applicants are required to notify PATS if their financial situation and/or submitted documentation changes during the payment plan term.

PAYMENT PLAN

An administrative fee of \$5 will be charged for establishing a payment plan, which can be added to the payment plan total. Monthly installments of \$25 will be scheduled for plan amounts of \$300 or less. Payment plans exceeding \$300 will be divided by 18 months to determine monthly amount due. There are no prepayment penalties. Individuals are responsible for making payments by the established due date each month, as bills/reminders will not be sent. Payments must be submitted by mail or in person, and be postmarked or received in the PATS office on or before the payment due date. Late or missed payments will result in default of the payment plan, and a written request to reinstate the payment plan must be initiated by the registered owner and submitted to PATS within 45 days of the payment due date. Only one request per payment plan term will be considered. Citation late fees will be waived and DMV notification will be deferred only if the applicant complies with the terms of the payment plan.

INSTRUCTIONS FOR SUBMITTING AN APPLICATION

Requests will not be considered if the application is incomplete or required documentation to prove indigence is not included. Only the citations listed on the application will be included in the payment plan. If vehicle continues to accrue parking citations, and applicant wishes to include them on the payment plan, applicant must reapply for the indigence determination and pay the processing fee. PATS will evaluate requests and provide a written response within two weeks of receipt date.

- 1) Print out and legibly complete the application (only the registered owner of the vehicle is eligible to apply)
- 2) Submit a current copy of the vehicle's DMV registration paperwork
- 3) Submit proof of benefits received from any public assistance programs (e.g. SSI, SNAP, CalFresh, CFAP, TANF, etc.)
- 4) Provide proof of income (pay stubs for last two full months, checking/savings account statements for the same two months)
- 5) Deliver items 1-4 above (application, vehicle registration, proof of indigence) to the PATS office via US mail (UC Davis Health Parking and Transportation Services, 4800 2nd Ave Suite 1100, Sacramento, CA 95817) or by visiting the PATS office in person (visit <https://health.ucdavis.edu/parking/> for location and hours of operation)

VERIFICATION OR FALSIFICATION OF INFORMATION

All statements and documentation submitted to UC Davis Health PATS for consideration are subject to verification/audit. Requests may be denied if documents are not complete and/or included. If applicant's indigent status is found to have been willfully fraudulent, the full amount of fines and fees shall be reinstated and an electronic itemization of unpaid parking penalties/fees will be submitted to the DMV for a hold against the vehicle registration. UC Davis students and staff who falsify information may have parking privileges revoked and/or be subject to other sanctions. Per California Vehicle Code section 40220(a)(2)(A), if more than four hundred dollars (\$400) in unpaid penalties and fees have been accrued, proof thereof may be filed with the court with the same effect as a civil judgment and execution may be levied against the individual's assets (e.g. property owned, wages, etc.).

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Please read page 1 before completing this application. Please write legibly and accurately complete all sections. Questions regarding this form may be directed to the UC Davis Health Parking and Transportation Services office via email at HS-Parking@ucdavis.edu or by calling (916) 734-2687 during regular business hours. ***The registered owner of the vehicle must complete this form and provide proof of their indigent status. All information and submitted documentation is subject to verification.***

<i>Last Name</i>	<i>First Name</i>	<i>UCD Student/Staff ID # (if applicable)</i>

<i>Email Address</i>	<i>Phone Number</i>

<i>Street Address, City, State, Zip Code</i>

<i>Vehicle License Plate #</i>	<i>Vehicle Make/Model</i>	<i>Driver's License Number</i>

<i>Average Monthly Income (Applicant only)</i>	<i>Total Number of Other People Living in Household (excluding you)</i>	<i>Total Monthly Income for Others Living in Household</i>

List Names/Ages of People Living in Household: _____

List Any Public Assistance/Benefit Programs You Are Receiving: _____

List All Citation Numbers to be Included on the Payment Plan (Attach Additional sheet if necessary): _____

How do you want the payment plan information/response sent to you? [select one] Email U.S. Mail

SIGNATURE

Signature below certifies that you have read and understand all information provided on both pages (1-2) of this form. Your signature authorizes PATS to verify and audit any and all documentation and statements submitted and asserts that all information is true and correct. You understand that falsifying this application or submitted documentation, or failing to provide notice should your financial situation change, may result in revocation of the payment plan (the full amount of fines/fees shall be reinstated and an electronic itemization of unpaid parking penalties/fees will be submitted to the DMV). **THIS FORM MUST BE SIGNED** or the request will be automatically denied.

Applicant's Signature

Date

ATTACH SUPPORTING DOCUMENTATION TO THIS FORM

Deliver or mail this completed/signed form, all supporting documentation, and proof of vehicle registration to: UC Davis Health Parking and Transportation Services, 4800 2nd Ave Suite 1100, Sacramento, CA 95817.