



# CITY OF TEMPLE CITY REQUEST FOR PAYMENT PLAN – ADMINISTRATIVE CITATION

Name: \_\_\_\_\_ DL #: \_\_\_\_\_

Citation(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home #: ( ) Cell #: ( )

A person receiving an administrative citation (Citee) has an option to enroll in an *Indigent Payment Plan* or a *Non-Indigent Payment Plan*. Proof of indigent status must be provided. Non-Indigent Payment Plan will not require proof. Please review the Payment Plan Terms & Conditions on the reverse side of this document.

### Indigent must provide one of the following:

#### A. Proof of Income from three (3) most recent pay stubs

Number of people residing in the household: \_\_\_\_\_. My monthly income amount is \$ \_\_\_\_\_.  
(Documentation Required)

#### B. Verification of Benefits Form for Public Assistance or Award Letter for Social Security

- |  |   |
|--|---|
| <input type="checkbox"/> Supplemental Security Income (SSI)  | <input type="checkbox"/> California Work Opportunity (CalWORKs)                         |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps)                       | <input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA) |
| <input type="checkbox"/> In-Home Supportive Services (IHSS)  | <input type="checkbox"/> Medi-Cal   |
| <input type="checkbox"/> Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI) |   |

#### C. If the Citee has No Income or does not receive Public Assistance, a copy of their yearly earnings from the Social Security Department is required.

**Non-Indigent Payment Plan Fee - \$25  
Due at Sign-Up**

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
\$100 - \$500	3 months	\$30
\$501 - \$1,000	4 months	\$125
\$1,001 - \$2,500	5 months	\$200
\$2,501 - \$5,000	6 months	\$415

**Indigent Payment Plan Fee - \$25  
Due at Sign-Up**

AMOUNT OWED	TIMELINE FOR COMPLETION	MAXIMUM MONTHLY PAYMENT
\$100 - \$500	6 months	\$20
\$501 - \$1,000	8 months	\$70
\$1,001 - \$2,500	10 months	\$115
\$2,501 - \$5,000	12 months	\$225

By signing below, I certify under the penalty of perjury that the above information is true and correct. Any false or incomplete information may subject me to forfeit my rights to a payment plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to: Temple City Public Safety, 9701 Las Tunas Drive, Temple City, CA 91780

### FOR OFFICE USE ONLY

Payment Plan: ( ) Approved ( ) Denied

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

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

## PAYMENT PLAN TERMS & CONDITIONS

- Non-refundable Payment Plan fee of **\$25** per citation is due to the City of Temple City upon enrollment.
- Citee must provide a valid government issued I.D. at the time of enrollment.
- Citee must make minimum monthly payments based on the total amount enrolled in the Payment Plan.
- One (1) monthly payment failure beyond the due date will result in the Payment Plan cancellation
- Returned payments for any reason will result in Payment Plan cancellation.
- A Citee may enroll in a maximum of **TWO (2)** Payment Plans per calendar year. Maximum amount of fines and penalties enrolled per Payment Plan is **\$5,000**.
- Citee **MUST COMPLETE PAYMENT** on an outstanding Payment Plan prior to enrolling into a second Payment Plan.
- New citations cannot be added to an existing Payment Plan.
- No citation re-enrollment, Payment Plan extensions, or Payment Plan revisions will be granted.