MORENO VALLEY
WHERE DREAMS SOAR

Indigent Person Payment Arrangement Application

Request for a parking citation indigent designation must be received within 60 days of the issuance of a parking citation or 10 days after a hearing determination, whichever is later. A request for indigence designation can only be submitted by the legal registered owner of the cited vehicle.

Registered Owner/Applicant: _____ DOB: _____

Address: _____ Phone: _____

I hereby declare that I am the legal/registered owner of the cited vehicle. I request a review of the information below:
Please complete the following financial information and attach supporting documentation.
Proof of income such as your most recent bank statement, receipt of benefits, pay stub, notice of action approval letter, or award letter are required. Failure to provide supporting documentation within the allotted time will result in an incomplete application and/or denial of the application.

EMPLOYMENT	INCOME	FINANCIALLY RESPONSIBLE FOR

❑ **Employed**
   ❑ **Full-time**
   ❑ **Part-Time**
❑ **Unemployed**
❑ **Disabled**
❑ **Student**
❑ **Homemaker**
❑ **Military**
Other_____
	❑ **Self**
	❑ **Spouse**
	❑ **Parents**
	❑ **SNAP**
	❑ **S.S.I. & S.S.P.**
	❑ **IHSS**
	❑ **Medi-Cal**
	❑ **CalWorks**
	❑ **County/General Relief**
	❑ **Unemployed**
	❑ **CAPI**
	❑ **Other**_____
		❑ **Self**
		❑ **Spouse**
		❑ **Children (# of)** _____
		❑ **Other**_____
		❑ **TOTAL**_____

Your NET monthly Income (take home pay, welfare, etc.): $_____

If unemployed: months of unemployment_____ Occupation: _____

ASSETS (VALUE)		MONTHLY EXPENSES	
Motor Vehicle(s)	$_____	Rent/Mortgage	$_____
Home	$_____	Utilities	$_____
Property	$_____	Loans/Credit Cards	$_____
Savings Account(s)	$_____	Food/Clothing	$_____
Checking Account(s)	$_____	Transportation	$_____
Cash on Hand	$_____	Medical/Dental	$_____
All Other	$_____	All Other	$_____
TOTAL ASSETS	$_____	TOTAL EXPENSES	$_____

Appellants found liable for cited violation(s) are financially responsible for paying any associated fines.

I declare under penalty to perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____
Type or Print Name

_____
Signature

FOR DEPARTMENT USE ONLY
Waiver of Penalty: ___Granted ___ Denied / Parking Indigent Person ___ Approved ___ Denied

_____
Signature of Authority

_____
Date

W:Code/Forms/Indigent Status Parking