Application for Parking Citation Payment Plan

Name: _____ Date of Birth: _____ Driver License: _____

Address: _____ Telephone: _____

Citation Number: _____ Email Address: _____

I hereby request a payment plan for the penalty of $_____because of financial hardship.

I declare that I am a recipient of one of the following forms of need-based benefits (CHECK ALL THAT APPLY):

( ) General Assistance	( ) Aid to Families with Dependent Children	( ) Social Security Income (SSI)
( ) Section 8 housing	( ) Social Security Disability	( ) Other

I am unable to pay the fine in full for the following reasons (use additional page to explain the reason for the request and attach supporting documentation):

_____

_____

_____

_____

_____

I hereby give permission to the City of Hollister, or its representative, to investigate my financial situation that I have represented hereinabove and further grant authority to contact any sources necessary to investigate and evaluate my claim of hardship. If the payment plan is granted, I know that I will be required to pay a monthly payment until the fine is paid in full.

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

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Approved: ( ) Denied: ( )

Note: Documentation must be included with this application. Support documents may include proof of income from a pay stub, earning from a bank statement or receipt of public assistance benefits from the list of options. Failure to provide the requested information within 30 working days from the issuance of the Administrative Citation will result in a determination of ineligibility.

REV 10/2023