



CITY OF OAKLAND

Revenue Management Bureau – Collections Unit
150 Frank H. Ogawa Plaza Suite 5342, Oakland, CA 94612

(510) 238-7317

REQUEST FOR ABILITY TO PAY DETERMINATION
COVID Response-Parking Citation cases ONLY

If you receive public benefits, are a very low-income person, or do not have enough income to pay for your household’s basic needs and your city parking citations, you may use this form to request the City of Oakland Collection Unit to determine your ability to pay.

Complete all sections that apply to be considered for the payment plan.

Name:		Date of Birth:
Address:		
City:	State:	Zip:
Drivers License #:	Phone #: ()	

I receive the following (select all that apply):

<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> SSI	<input type="checkbox"/> CalWORKS	<input type="checkbox"/> GR (General Relief)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSP	<input type="checkbox"/> EGA	<input type="checkbox"/> IHSS (In-Home Supportive Services)
<input type="checkbox"/> Tribal TANF (Tribal Temporary Assistance for Needy Families)			
<input type="checkbox"/> CAPI (Cash Assistance Program for Aged, Blind and Disabled)			

Select gross monthly household income (before deductions for taxes) in table below, if applicable:

	Family Size	Family Income*	
<input type="checkbox"/>	1	\$3,808	If more than 6 people in household, add \$433 for each extra person.
<input type="checkbox"/>	2	\$4,350	
<input type="checkbox"/>	3	\$4,896	
<input type="checkbox"/>	4	\$5,438	
<input type="checkbox"/>	5	\$5,875	
<input type="checkbox"/>	6	\$6,308	

<input type="checkbox"/>	I do not have enough income to pay for my household’s basic needs and the City of Oakland citation fine. My monthly disposable income does not exceed \$250.00. It is my responsibility to provide documentation to support this requirement.
<input type="checkbox"/>	My monthly income changes significantly from month to month.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments are true and correct.

Name:	Signature:	Date:
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Name:	Collection Account #: <small>For City of Oakland Collections Staff Use Only</small>
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Fill out following information based on average monthly income for the past 12 months.

For more information call (510) 238-7317 or visit www.OaklandCA.gov and search for 'Parking Ticket Payment Plans.' Additional information can be attached on separate pages, write your name at the top of each attachment.

Name of Employer:		Phone: ()
Address:		
City:	State:	Zip:
Job Title:		

Gross Monthly income before deductions: \$
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List each deduction and the dollar amount

List Deduction	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Monthly Deductions (add lines 1-5)	\$

Total Monthly Take Home Pay (subtract monthly deductions from monthly gross): \$
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List the source and amount of any other income received each month

Including: spousal support / child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAC), veteran's payments, dividends, interest, trust income, annuities, net business, rental income, reimbursement for job related expenses, gambling or lottery winnings, etc.

List Source	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total Other Income (add lines 1-5)	\$

Name:	Collection Account #: <small>For City of Oakland Collections Staff Use Only</small>
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List all other persons living in the household and their income

Include only spouse and all individuals who depend in whole or in part on you for support or on whom you depend in whole or in part for support.

Name	Age	Relationship	Amount
1.			\$
2.			\$
3.			\$
Gross income (add lines 1-5)			\$

List all financial accounts

Bank Name	Amount
1.	\$
2.	\$
3.	\$

List all vehicles registered to you

Vehicle Make	Vehicle Model	License Plate #

List Monthly Expenses (Do not include payroll deductions already listed)

a. Rent or house payment & maintenance	\$
b. Food and household supplies	\$
c. Utilities and household supplies	\$
d. Clothing	\$
e. Laundry and dry cleaning	\$
f. Medical and dental expenses outstanding	\$
g. Insurance (life, health, accident, auto, etc.)	\$
h. School, childcare	\$
i. Child support	\$
j. Transportation	\$

Name:	Collection Account #: <small>For City of Oakland Collections Staff Use Only</small>
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Total Monthly Expenses	\$
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Installment payments

Paid To	Amount
1.	\$
2.	\$
3.	\$
Total Monthly Installment Payments	\$

List any other monthly expenses (example: student loans, IRS taxes owed, etc.):

Type	Amount
1.	\$
2.	\$
3.	\$
Total Other Monthly Expenses	\$

Total Monthly Expenses (Add total Monthly, Installment and Other Expenses): \$

For Office Use Below

Comments / Reasons for Approval or Denial

Applicant's Name:	License Plate #:
Collections Officer:	Date:
Denied by Supervisor:	Date:
Approved by Supervisor:	Date: