

**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**

Parking Citation cases ONLY

If you receive public benefits, are a 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	\$2,170.85	
<input type="checkbox"/>	2	\$2,479.16	
<input type="checkbox"/>	3	\$2,787.50	
<input type="checkbox"/>	4	\$3,095.83	
<input type="checkbox"/>	5	\$3,345.83	
<input type="checkbox"/>	6	\$3,591.66	

If more than 6 people in household, add \$247.50 for each extra person.

<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 #: For City of Oakland Collections Staff Use Only
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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](http://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: supposal 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)	\$

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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	\$
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: