



Low Income Parking Payment Plan Application

Citation Number(s): _____

Name: _____

Address: _____

Email: _____

Are you receiving public benefits from any of the following programs?

- Supplemental Security Income (SSI)
- State Supplementary Payment (SSP)
- California Work Opportunity and Responsibility to Kids Act (CalWORKs)
- Federal Tribal Temporary Assistance for Needy Families (Tribal TANF)
- Supplemental Nutrition Assistance Program (also known as CalFresh or SNAP)
- California Food Assistance Program
- County Relief, General Relief (GR), or General Assistance (GA)
- Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
- In-Home Supportive Services (IHSS)
- Medi-Cal
- Monthly Income is 125 percent or less of current federal poverty guidelines

<https://aspe.hhs.gov/poverty-guidelines>

Supporting documents

- Proof of income (two consecutive paystubs)
- Proof of public benefit

Please send this application and supporting documents showing proof of low income by mail (see below) or email davisAB503@t2systems.com.

CCS-AB503
PO Box 80239
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