



**\$5 enrollment fee due at time of sign up**

- No limit to the number of contracts or fine amounts.
- Citation late penalties and DMV hold are removed at time of enrollment.
- Late penalties and DMV hold are reinstated if monthly payments are not made on time or the plan is not completed by the due date.
- **Installments due no later than the 15<sup>th</sup> of each month**

**PART ONE – To be completed by the participant.**

First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License State & Number: \_\_\_\_\_

Vehicle License Plate State & Number: \_\_\_\_\_

**PART TWO – To be completed by SFMTA staff.**

Citation(s) Enrolled: \_\_\_\_\_

Total Citation Amount Enrolled: \$ \_\_\_\_\_ Final Payment Due: \_\_\_\_\_

Total Enrollment Fee Due: \$ \_\_\_\_\_ Clerk Initials: \_\_\_\_\_

Entity ID: \_\_\_\_\_

**PART THREE – Participant certification to be signed in front of SFMTA staff.**

I have read and understood the terms and conditions of the Payment Plan on the back of this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule for Completion**

AMOUNT OWED	TIMELINE FOR COMPLETION	MINIMUM MONTHLY PAYMENT
Up to \$500	Up to 24 months	\$25
\$501 and above	Up to 24 months	\$50

All low income payment plans must be completed within 24 months.

The monthly minimum is a suggested payment amount. The total amount due must be paid BY the DUE DATE.

Proof:  HSADB  Medi-Cal  EBT  EDD  Lifeline  HSH Letter.  WIC  Self Certification  EDD



- Participant must present a valid government issued I.D. at the time of enrollment.
- Customers must make minimum monthly payments based on total amount enrolled in the plan. Failure to do so will result in plan cancellation.
- A new plan must be created when enrolling additional citations. Minimum payments and fees apply to each plan.
- Each plan is subject to minimum payments and enrollment fees.
- Only the Registered Owner may enroll in the Payment Plan.
- To prove low income status customers must provide Medi-Cal, EBT, or Lifeline card at time of sign-up. Alternatively, you can self-certify that your annual income is at or below the limits by selecting the box below.  
By doing so, you may be required to provide documentation proving income level. Failure to respond will result in termination from the program and/or administrative fines.
- Failure to complete the payment plan by the completion date or missing monthly payments may result in penalties being added to past due citations and may be reported to the DMV or the Franchise Tax Board tax refund/ intercept program.
- No contract extensions or revisions will be granted.
- Citations cannot be added to existing plans. A new plan will be created with a new monthly minimum due.
- No contract extensions or revisions will be granted.
- Non-refundable administrative fee due.
- The payment plan is an attempt to collect debt. Any information obtained may be used for that purpose.
- The monthly minimum is a suggested payment amount. The total amount due must be paid BY the DUE DATE.

### HOW TO ENROLL

1. Online at [www.sfmta.com/payment](http://www.sfmta.com/payment) plan
2. Mail a completed application or sign up in person at 11 South Van Ness Avenue.

### SUBMITTING PAYMENTS:

It will take 3 days for your plan to be visible in the payment database.

**Online:** <http://www.sftreasurer.org/sfmtapayplan>. You will need your Payment Plan ID, citation number or Entity ID for these services.

**In Person:** The Office of the Treasurer & Tax Collector is open Monday through Friday (except legal holidays) from 8:00 a.m. to 5:00 p.m. with the last walk-in customer accepted at 4:00 p.m. Office of the Treasurer & Tax Collector, City Hall - Room 140, 1 Dr. Carlton B. Goodlett Place. San Francisco, CA 94102

**Mail:** Send check or money order payable to: San Francisco Tax Collector, P.O. Box 7027, San Francisco, CA 94120-7027. To avoid delays in processing your payment, please include your Payment Plan, citation number, or plate.

Customers with a gross annual income (before taxes) at or below 200% of the Federal Poverty level (income levels below) are eligible for the Low Income Payment Plan.

Check this box if you choose to self-certify your income.

Household Size	1	2	3	4	5	6
Annual Income	\$25,520	\$34,480	\$43,440	\$52,400	\$61,360	\$70,320