

Citation Processing Department

San Francisco State University . 1600 Holloway Avenue . San Francisco, CA 94132 . (415) 338 - 7827



Request for payment plan schedule of parking penalty/fees

Respondent name: _____
SFSU ID number: _____ Phone: _____
Address: _____ License Plate: _____

City State Zip Code
Citation number(s): _____

Please complete the following

1. EMPLOYMENT

- Employed:
 - Full-time
 - Part-time
- Unemployed
- Disabled
- Student
- Military
- Homemaker
- Other: _____

2. SUPPORTED BY

- Self
- Spouse
- Parents
- Welfare
- S.S.I
- A.E.D.C.
- Unemployed
- Other: _____

3. PERSONS SUPPORTED

- Self
- Spouse
- Children (# of) : _____
- Other: _____

Total supported: _____

5. Your NET income (take home pay, welfare, etc.): _____ every _____

6. If unemployed: Months of unemployment _____ occupation _____

6. ASSET (value)

Motor Vehicle(s): \$ _____
Home: \$ _____
Property: \$ _____
Savings Account(s): \$ _____
Checking Account(s): \$ _____
Cash on hand: \$ _____
All Others: \$ _____

TOTAL ASSETS: \$ _____

7. MONTHLY EXPENSES

Rent/Mortgage \$ _____
Utilities \$ _____
Loans/Credit Cards \$ _____
Food/Clothing \$ _____
Transportation \$ _____
Medical/Dental \$ _____
All Others \$ _____

TOTAL EXPENSES \$ _____

8. If a fine is imposed, how much could you afford to pay each month? \$ _____

RESPONDENT SIGNATURE _____

FOR OFFICE USE ONLY

Waiver of fee Deposit: Granted Denied
Total Owed: _____ Payment Schedule: _____
Signature: _____ Date: _____