

## Ignition Interlock Device Financial Assistance Application

If you have an Ignition Interlock Driver License and are considered indigent, you can use this form to apply for assistance with the costs of ignition interlock device installation, removal, and leasing. If you are approved, you must reapply yearly. If you are denied, you may reapply every 6 months. Send this completed application and any required attachments to:

Driver Records  
**Department of Licensing**  
 PO Box 9030  
 Olympia WA 98507  
 Fax: (360) 570-7824

<b>PRINT OR TYPE</b> Name of applicant ( <i>Last, First, Middle initial</i> )		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
How would you like your license sent to you? (Check one only) <input type="checkbox"/> US mail to the address on file <input type="checkbox"/> email <input type="checkbox"/> Fax		Delivery information—email or (Area code) Fax number
Additional benefits Check any benefits you are receiving and <b>attach proof</b> . We cannot process your application without proof and cannot return attachments.		
<input type="checkbox"/> temporary assistance for needy families <input type="checkbox"/> refugee resettlement benefits <input type="checkbox"/> general assistance <input type="checkbox"/> medicaid <input type="checkbox"/> poverty-related veteran's benefits <input type="checkbox"/> supplemental security income <input type="checkbox"/> food stamps		
Eligibility information Total number of persons in your household ( <i>include self</i> ) ..... _____  If under age 21, does applicant live with parents? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," state name of parent(s) with whom juvenile resides and answer questions below for parent(s).</i> _____  <b>Monthly Income</b> Self and spouse's monthly take-home pay ..... \$ _____ Contribution from any family member or other person with whom applicant lives and who is helping to defray applicant's basic living costs ..... \$ _____ Interest, dividends, or other income ..... \$ _____ Pensions, annuities, social security and/or public assistance ..... \$ _____  <b>Monthly Expenses</b> Basic living costs ( <i>average monthly amount spent by applicant for                  shelter, food, utilities, health care, transportation, clothing, loan payments,                  support payments and court-imposed obligations</i> ) ..... \$ _____ Other unusual expenses, including bail obligations ..... \$ _____  <b>Liquid Assets</b> Cash, savings, bank accounts, including joint accounts ..... \$ _____ Stocks, bonds, certificates of deposit ..... \$ _____ Equity in real estate ..... \$ _____ Equity in motor vehicle necessary to maintain employment ..... \$ _____ Equity in additional motor vehicles ..... \$ _____		

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_ **X** \_\_\_\_\_  
 Date and place signed    Signature

For Department Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____