

## Ignition Interlock Device Financial Assistance Application

If you are indigent and the Department of Licensing has required you to get an ignition interlock device, you can use this form to apply for assistance with the costs of installation, removal, and leasing of the device.

We will notify you in writing if your application has been approved or denied. If you are denied, you may reapply in six months. Send this completed application and **ALL** 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	Email

Eligibility information

1. Total number of persons in your household (include self) .....  
 If under age 21, does applicant live with parents? ..... ☐ Yes ☐ No  
 If "Yes," state name of parent(s) with whom juvenile resides and answer questions below for parent(s).  
 \_\_\_\_\_

2. Monthly Income – Submit proof of monthly income, such as last 2 month's pay stubs, copy of a recent federal tax return, or W-2s. **Applications will be denied if proof of income is not attached.**  
 If you have no income or do not have proof of income, submit a signed written statement explaining this. Attachments will not be returned.

a. Self and spouse's monthly take-home pay .....\$ \_\_\_\_\_  
 b. Contribution from any family member or other person with whom applicant lives  
 and who is helping to defray applicant's basic living costs .....\$ \_\_\_\_\_  
 c. Interest, dividends, or other income .....\$ \_\_\_\_\_  
 d. Pensions, annuities, social security and/or public assistance .....\$ \_\_\_\_\_

3. Monthly Expenses

a. Basic living costs (average monthly amount spent by applicant for shelter, food, utilities, health care, transportation, clothing, loan payments, support payments, and court-imposed obligations) \$ \_\_\_\_\_  
 b. Other unusual expenses, including bail obligations .....\$ \_\_\_\_\_

4. Liquid Assets

a. Cash, savings, bank accounts, including joint accounts .....\$ \_\_\_\_\_  
 b. Stocks, bonds, certificates of deposit .....\$ \_\_\_\_\_  
 c. Equity in real estate .....\$ \_\_\_\_\_  
 d. Equity in motor vehicle necessary to maintain employment .....\$ \_\_\_\_\_  
 e. Equity in additional motor vehicles .....\$ \_\_\_\_\_

Additional benefits

Check any benefits you are receiving and **attach proof. Applications will be denied if proof of benefits are not attached.** Attachments will not be returned.

<input type="checkbox"/> Temporary assistance for needy families	<input type="checkbox"/> General assistance
<input type="checkbox"/> Poverty-related veteran's benefits	<input type="checkbox"/> Food stamps
<input type="checkbox"/> Refugee resettlement benefits	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Supplemental security income	

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

	<b>X</b>	
Date and place signed		Signature

RCW 10.101.010

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