

# Ignition Interlock Device Financial Worksheet

You can use this form to apply for assistance with costs of ignition interlock device installation, removal, and leasing. You can apply once yearly. To be eligible, you must have an Ignition Interlock Driver License and be considered indigent. Take this completed application to any driver licensing office or mail it to:

**Driver Records  
Department of Licensing  
PO Box 9048  
Olympia WA 98507-9048**

Name <i>(Last, First, Middle Initial)</i>		Driver license number	Date of arrest
Mailing address - We will use the address you provide to update your driver record			
City		State	ZIP code + 4
Date of birth	(Area code) Daytime telephone	email address	
<p>Check any statement below that is true:</p> <input type="checkbox"/> I am receiving: <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			
<i>Attach proof that you are receiving these benefits. We do not return the documents you send.</i>			
Eligibility information			
Total number of persons in your household <i>(include self)</i> _____			
If under age 21, does applicant live with parents? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<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 for 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 <i>(specify)</i>			\$ _____
Pensions, annuities, social security and/or public assistance <i>(specify)</i>			\$ _____
<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 <i>(specify)</i>			\$ _____
<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.*

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

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