

KANSAS Ignition Interlock Device Indigency Program Application

If you are indigent and the Kansas Division of Vehicles 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 calibration/easing of the device. Please complete this form and present it to your Ignition Interlock Service Provider.

Program participation is established by the applicant's qualification and eligibility for the federal food stamp program. To complete this application, you will need to present this application and copies of either of the following documentation to the service provider:

1. Valid participation card or a letter in original form from the governmental assistance program's sponsoring agency written on the agency's letterhead confirming the person's qualification and eligibility for a Federal food stamp program, or
2. The applicant's filed tax return from the previous calendar year that indicates his/her reported income. Please also indicate whether you are claimed as a dependent by a parent or other family member: _____(yes/no)

PRINT OR TYPE Name of applicant (Last, First, Middle Initial)		
Kansas driver's license, or other state equivalent	Date of birth	(Area code) Daytime telephone number

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 applicant resides and answer questions below for parent(s). _____

2. Monthly Income—Submit proof of monthly income, such as last month's pay stubs, copy of a recent federal tax return, or W-2s. We cannot process your application without proof and will not return attachments.

A. Self and spouse's monthly take-home pay	A. \$ _____
B. Contribution from any family member or other person with whom applicant lives and who is helping to defray applicant's basic living costs	B. \$ _____
C. Interest, dividends, or other income	C. \$ _____
D. Pensions, annuities, social security and or public assistance.	D. \$ _____

3. Monthly Expenses

A. Basic living costs (average monthly amount spent by applicant for shelter, food, utilities, healthcare, transportation, clothing, loan payments, support payments, and court-imposed obligations.)	A. \$ _____
B. Other unusual expenses, including bail obligations.	B. \$ _____

4. Liquid Assets

A. Cash, savings, bank accounts, (including joint accounts)	A. \$ _____
B. Stocks, bonds, certificates of deposit	B. \$ _____
C. Equity in real estate	C. \$ _____
D. Equity in motor vehicle (s)	D. \$ _____

<p>Additional benefits</p> <p>Check any benefits you are receiving and attach proof. The Service Provider cannot process your application without proof and cannot return attachments.</p> <p><input type="checkbox"/> Poverty-related veteran's benefits</p> <p><input type="checkbox"/> Temporary assistance for needy families</p> <p><input type="checkbox"/> Food stamps</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Tax documents</p> <p><input type="checkbox"/> General Assistance</p>	<p>I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.</p> <p>_____ Signature</p> <p>_____ Printed Name</p> <p>_____ Date</p> <p>_____ D.L. No., if known</p> <p>IndApp-2 (version 02/14)</p>
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