WASHINGTON STATE DEPARTMENT OF LICENSING

Ignition Interlock Device Financial Assistance Application

Use this form to apply for assistance with the costs of Ignition Interlock Device (IID) installation, removal, and leasing the IID.

We will notify you in writing if you have been approved or denied. For more information on IID Assistance, visit dol.wa.gov. **When completed, mail, email, or fax this form and all required documents to:**

Driver Records
Department of Licensing
PO Box 9030
Olympia, WA 98507

Email: driversodl@dol.wa.gov
Fax: (360) 570-7824

Applicant

PRINT OR TYPE Name *(Last, First, Middle initial)*			Driver license number	State
Date of birth	10-digit phone number	Email		

Documentation – Applications without required proof will be denied. Attachments will not be returned.

Assistance Eligibility

Check and provide proof for one of the following, if applicable – attached proof **must** reflect current benefits

- ☐ Department of Social and Health Services (DSHS) benefits – DSHS benefits/award letter
- ☐ Medicaid/Medicare – Welcome packet or benefits/award letter from the state
- ☐ Court appointed attorney – Award letter from the court or signed letter from attorney on letterhead
- ☐ Poverty-related veteran's benefits – VA benefits/award letter
- ☐ Refugee resettlement benefits – Benefits/award letter
- ☐ Currently involuntarily committed to a public mental health facility – Court order

If none of the above apply, complete the items below – Applications without required proof will be denied.

Income Verification

Answer the following and provide proof

1. Do you have any dependents? If yes, how many? (include yourself) . . . . . _____
2. Monthly Income – If you have no income or don't have proof, **attach a signed written statement explaining this.** If you have income, **submit proof**, such as most recent 2 month's pay stubs, copy of most recent federal tax return, or most recent W-2s.
   a. Combined monthly take-home pay . . . . . $_____
   b. Contribution from any family member or other person living in the household who is helping with your basic living costs . . . . . $_____
   c. Interest, dividends, or other income . . . . . $_____
   d. Pensions, annuities, and/or social security . . . . . $_____

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. I authorize the Department of Licensing to verify all information provided.

_____
Date and place (city or county) signed

X **When you have completed this form, print it out and sign here.**
_____
Applicant signature

RCW 10.101.010; 46.20.308
DR-500-024 (R/11/22)VWA

For Department Use Only
☐ Approved ☐ Denied By _____