

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation **DIVISION OF DRIVER LICENSING**

TC 94-188 Rev. 9/2020 Page 1 of 1

KENTUCKY IGNITION INTERLOCK PROGRAM AFFORDABILITY APPLICATION

INSTRUCTIONS: Return the completed form along with any necessary documentation to the Kentucky Transportation Cabinet, Department of Vehicle Regulation, Division of Driver Licensing, 200 Mero Street, 2nd Floor, Frankfort, Kentucky 40622.

Pursuant to 601 KAR 2:233, Section 2(3) and (5), if you are indigent and plan to participate in the Kentucky Ignition Interlock Program (KIIP), use this form to apply for fee reduction for the costs of installation, removal, calibration/leasing of the device, and missed appointments. Pursuant to KRS189A.340(7)(a) and 601 KAR 2:232(3) and (5), a provider may charge fees as established in KRS 189A.340(7)(a)1. through 5.

Program participation is established by the Federal Poverty Guidelines, KRS 189A.340 and 189A.350, and 601 KAR 2:233, Section 2(3) and (5). Household income is verified through federal tax returns and/or paychecks, and W-2 or

10-99. Therefore, to complete this required to submit federal tax retu	• •		•	g of this	document, you are
SECTION 1: APPLICANT INFORM		<u></u> 0000.			
FULL LEGAL NAME (Print)		EMAIL		PHONE	
STREET ADDRESS		CITY		STATE	ZIP
MAILING ADDRESS (if different from street address)		CITY		STATE	ZIP
DRIVER LICENSE #		DATE OF BIRTH (mm/dd/yyyy)			
If applicant is claimed as a depena claims applicant as a dependent.	ent by a parent or oth	ner family memb	er, provide the	full legal	name of person who
SECTION 2: ELIGIBILITY INFORM					
Pursuant to KRS 189A.340 and 189A income. Guidelines are available at					
Ι,	, certify the	at my family inco	me for the prior	r calendai	r year was at or below
200% of the Federal Poverty Guid	delines, and the follow	ing is true and co	orrect <u>as of the c</u>	date of th	is application:
 My household income: \$;	per year.			
 The number of people liv 	ing in my household:				
Federal Poverty Guidelines	Percentage of Payment	t Required			
Above 200 %	100 %				
Between 150 % - 200 %	75 %				
Between 100 % - 150 %	50 %				
!00 % or Below	25 %				
I certify under penalty of revocation that the foregoing is true and correct that I must recertify this application	t. I understand that indig				
APPLICANT NAME (Prin	t)	APPLICANT	SIGNATURE		DATE
	КҮТС	USE ONLY:			
Application approved: Yes	No Percentage app	proved: 🔲 100 s	% 75 %	50 s	% 25 %
Date of decision: Name of Reviewer:					