



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 application and facilitate the most accurate processing of this document, you are required to submit federal tax returns and/or paystubs, and W-2 or 1099.

SECTION 1: APPLICANT INFORMATION

FULL LEGAL NAME (<i>Print</i>)	EMAIL	PHONE	
STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (<i>if different from street address</i>)	CITY	STATE	ZIP
DRIVER LICENSE #	DATE OF BIRTH (<i>mm/dd/yyyy</i>)		

If applicant is claimed as a dependent by a parent or other family member, provide the full legal name of person who claims applicant as a dependent. _____

SECTION 2: ELIGIBILITY INFORMATION & APPLICANT SIGNATURE

Pursuant to KRS 189A.340 and 189A.350, and 601 KAR 2:233, Section 2(3), eligibility is based on household size and income. Guidelines are available at the Driver License Field Offices and can be found online at <http://drive.ky.gov> or KIIP.

I, _____, certify that my family income for the prior calendar year was at or below 200% of the Federal Poverty Guidelines, and the following is true and correct as of the date of this application:

- My household income: \$ _____ per year.
- The number of people living in my household: _____.

Federal Poverty Guidelines	Percentage of Payment Required
Above 200 %	100 %
Between 150 % - 200 %	75 %
Between 100 % - 150 %	50 %
!00 % or Below	25 %

I certify under penalty of revocation of participation in the indigent program under the laws of the Commonwealth of Kentucky that the foregoing is true and correct. I understand that indigent status will NOT exceed the maximum suspension time and that I must recertify this application annually.

_____ **APPLICANT NAME (*Print*)** _____ **APPLICANT SIGNATURE** _____ **DATE**

KYTC USE ONLY:

Application approved: Yes No Percentage approved: 100 % 75 % 50 % 25 %

Date of decision: _____ Name of Reviewer: _____