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| **INSTRUCTIONS:** Recertification of monetary indigency is required to continue to participate in the Kentucky Ignition Interlock Program (KIIP). Complete this form for possible continued fee reduction. Applications without submission of the required documents will be denied. Attachments will not be returned. |
| **Return the completed form and required documents to:**Kentucky Transportation CabinetDepartment of Vehicle Regulation/DDL200 Mero Street, 2nd Floor IIDFrankfort, KY 40622 | **Or submit the completed form and required documents to:** |
| **Email:** **KIIP@ky.gov****Fax:** 844.535.7209 |
| **SECTION 1: APPLICANT INFORMATION** |
| **FULL LEGAL NAME** (*Print.*)      | **DATE OF BIRTH** (*mm/dd/yyyy*)      | **DRIVER LICENSE #**      |
| **STREET ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **MAILING ADDRESS** (*if different from street address*)      | **CITY**      | **STATE**      | **ZIP**      |
| **PHONE**      | **EMAIL**      |
| ***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.*** |       |  |
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| **SECTION 2: ELIGIBILITY INFORMATION & APPLICANT SIGNATURE** |
| Fees are established in [KRS 189A.340](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=49873)(7)(2), and fee reduction is based on the Federal Poverty Guidelines found online at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines> |
| **ASSISTANCE ELIGIBILITY:** (*Check all that apply. Provide proof for each selection, if applicable. Attached proof must reflect current benefits.)* |
|  |
| [ ]  | Cabinet for Health and Family Services benefits (Medicaid, SNAP, KTAP, CCAP, KI-HIPP-benefits/award letter) |
| [ ]  | Medicare (welcome packet letter or benefits/award letter) |  |  | [ ]  | VA benefits (benefits/award letter, unemployment) Unemployment |
| [ ]  | Refugee resettlement benefits (benefits/award letter) |  |  | [ ]  | Self-Employed (notarized statement of income) |
| **INCOME VERIFICATION:** *(Submit proof of income, such as most recent 3 month’s paystubs or most recent federal tax return with 1099’s or W2’s. If you have no income or do not have proof of income,* *attach a signed notarized statement explaining this.*) |
| **1.** |  How many live in your household (including yourself)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |       |  |
| **2.** | Total monthly household income . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**$** |       |  |
| **3.** | Contributions from any family member or other person(s) living in the household who is helping with your basic living costs . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **$**  |       |  |
| **4.** | Other income . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**$** |       |  |
| **5.** | Pensions, annuities, and/or social security . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **$** |       |  |
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| *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:** |
| Recertification approved: [ ]  Yes [ ]  No | Percentage approved: [ ]  100 % [ ]  75 % [ ]  50 % [ ]  25 % |  |
|  Date of decision: |       | Reviewed by: |       |  |
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