



**NEBRASKA DEPARTMENT OF MOTOR VEHICLES
AFFIDAVIT: ELIGIBILITY FOR INDIGENT INTERLOCK FEE PAYMENT**

If you are considered indigent, you can use this form to apply for assistance with the costs of ignition interlock device installation, removal and leasing. Send this complete application and any required attachments to the **Department of Motor Vehicles, PO Box 94877, Lincoln NE 68509 4877** or fax to **(402) 471-8288**.

PERSONAL INFORMATION (PRINT OR TYPE):

NAME:		CONTACT PHONE:	
ADDRESS:		DATE OF BIRTH:	
		SOCIAL SEC. #	

CHARGE(S): Administrative License Revocation Arrest Date: _____

ADDITIONAL BENEFITS:

Check any benefits you are receiving and **attach proof**. We cannot process your application without proof and cannot return attachments.

Temporary assistance for needy families	Refugee resettlement benefits
General assistance	Medicaid
Poverty-related veteran's benefits	Supplemental security income
Food stamps	Other

Total number of persons in your household supported by you (include self): _____

MONTHLY INCOME:

NOTICE: You are required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W2, or 3) most recent Tax Return, or 4) Written Statement from Employer.

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

MONTHLY EXPENSES:

Basic living costs (<i>average monthly amount spent by applicant for shelter, food, utilities, health care, transportation, clothing, loan payments, support payments and court-imposed obligations</i>)	\$
Other unusual expenses, including bail obligations	\$

LIQUID ASSETS:

Cash, savings, bank accounts, including joint accounts	\$
Stocks, bonds, certificates of deposit	\$
Equity in real estate	\$
Equity in motor vehicle necessary to maintain employment Year: _____ Model: _____ VIN: _____	\$
Equity in additional motor vehicles Year: _____ Model: _____ VIN: _____	\$

I certify under penalty of perjury under the laws of the State of Nebraska that the foregoing is true and correct.

Date: _____	Signature: _____
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County of _____ State of _____

The signature of the Applicant was acknowledged before me this _____ day of _____, _____.

SEAL: _____ **NOTARY PUBLIC SIGNATURE:** _____

For Department Use Only		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____