

**NEBRASKA DEPARTMENT OF MOTOR VEHICLES AFFIDAVIT ANNUAL
INDIGENT INTERLOCK FEE PAYMENT APPLICATION**

Return completed affidavit and any required attachments to the Department of Motor Vehicles, PO Box 94877, Lincoln NE 68509 4877 or fax to (402) 471-8288. This affidavit must be completed in full, notarized, and be submitted with supporting documentation to be reviewed.

PERSONAL INFORMATION (PRINT OR TYPE):			
NAME:		CONTACT PHONE:	
STREET:		DATE OF BIRTH:	
CITY/STATE/ZIP:		SOCIAL SEC. #	

CHARGE(S): Provide the Arrest Date(s) for the Alcohol Violation:		
Are you on Probation:	<input type="checkbox"/> No <input type="checkbox"/> Yes, if Yes - who is your Probation Officer:	

ADDITIONAL BENEFITS:		
Check (√) any benefits you and/or any household member are receiving and attach proof (do not send originals). We cannot process your application without proof and cannot return attachments.		
General assistance		\$
Unemployment benefits		\$
Poverty-related veteran's benefits		\$
Other (explain):		\$

HOUSEHOLD AND GROSS INCOME INFORMATION:										
Please list yourself and everyone else living at this address (even if not related to you). List the income and/or benefits for each person listed and how often the person is paid/or benefits received.										

Legal Name (First, Middle, Last)	Age	Gross Income and How Often it was received								<input checked="" type="checkbox"/> Check if NO income:
		Earnings from work before deductions:		Medicaid		Social Security (Supplemental or Disability)		Food Stamps/SNAP		
		Income	How Often	Income	How Often	Income	How Often	Income	How Often	

NOTICE: You **are required** to submit verification of Gross Income which includes the following: The three (3) most recent pay stubs reflecting current wages, the most recent W2 **and** the most recent Tax Return **or** a Written Statement from Employer. You **must** submit verification of Medicaid, Social Security and SNAP benefits.

OTHER MONTHLY INCOME:	
Alimony	\$
Interest, dividends, pensions, annuities	\$
Stocks, bonds, certificates of deposit	\$

LIQUID ASSETS:	
Cash, savings, bank accounts, including joint accounts	\$
Stocks, bonds, certificates of deposit	\$
Equity in real estate	\$

VEHICLE INFORMATION:			
Year:	Model:	VIN:	
Year:	Model:	VIN:	

COVID 19:

If you (or anyone else in your household) are unemployed due to COVID 19, you **are required** to include a letter from the Employer documenting the layoff. The letter from Employer must include the name of the employer and their contact information, the date of separation or furloughed date and if furloughed – possible time to return to work.

If this is a temporary layoff – you will need to resubmit a new application when returning to work to determine if indigent funding is still applicable.

TERMS OF INDIGENT ASSISTANCE:

If approved for assistance, funding will cover one (1) installation and one (1) removal for the duration of the revocation period. It will also cover monthly monitoring fees for one (1) year from the date funding is approved. Funding is dependent on having the ignition interlock permit issued. If you do not have the permit issued within 15 days, the indigent funding will be terminated.

By signing this Affidavit I swear or affirm that:

I certify that I am aware that the funding will cover one (1) installation and one (1) removal for the duration of the revocation period. It will also cover monthly monitoring fees for one (1) year from the date funding is approved. Funding is dependent on having the ignition interlock permit issued. If you do not have the permit issued within 15 days, the indigent funding will be terminated.

Please initial

By initialing this statement, I agree and understand that funding is only valid for one (1) year and that I must have the permit issued within 15 days or funding will be terminated. Cost for the permit is \$49.50 and is paid at time of issuance to the County Treasurer (not covered by Indigent Assistance).

I certify that I will notify the Department of Motor Vehicles of change of income status. If there are any changes, I must immediately submit a revised Affidavit and supporting documentation of these changes.

Please initial

By initialing this statement, I agree and understand that failure to provide change of income status will result in the indigent funding being terminated.

I certify under penalty of perjury under the laws of the State of Nebraska that the foregoing is true and correct. If at any time the Department Of Motor Vehicles discovers that information in this affidavit was false, misleading, inaccurate, or incomplete at the time the affidavit was submitted, the Department of Motor Vehicles will terminate the Indigent Funding and may require me to pay for any costs or fees that were previously paid.

Date: _____ Signature: _____

County of _____ State of _____

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

SEAL: _____ NOTARY PUBLIC SIGNATURE: _____

DO NOT FILL OUT THIS PART - FOR DEPARTMENT USE ONLY:

Total Number in Household: _____

Gross annual Income: _____

Approved through: _____ Denied _____ By _____