

Kansas Department of Revenue
Application for Ignition Interlock Affordability Program

www.ksrevenue.gov

Applicant Information:

(Printed Name) _____ (Driver's License Number) _____ (Date of Birth) _____

(Current Street Address) _____ (City) _____ (State) _____ (Zip) _____

I, the undersigned, hereby certify I have reviewed all sections of this application and am aware of and agree to the conditions of this application as detailed within the form. I further certify all information I have recorded on this application is true and correct.

(Signature)

(Date)

If you are providing proof of annual household income, please list total number in household _____

Instructions

- You may apply to the Division of Vehicles for a determination on whether you are eligible to have reduced ignition interlock device program costs. To be eligible for reduced costs you must meet one of the following criteria, ***otherwise your request will be denied.***
 - Your annual household income is less than or equal to 150% of federal poverty level; or
 - You are enrolled in the food assistance, childcare subsidy, or cash assistance program pursuant to K.S.A. 39-709, and amendments thereto; or
 - You are currently eligible for the low-income energy assistance program as determined by the Department for Children and Families.
- Please attach proof of required eligibility documentation from above, to this form.
- You will receive written notice of your application being approved or denied. Allow 7-10 business days to process after your application is received. If your application is denied, the reason(s) for the denial will be stated.
- If this application is denied, any subsequent application will require a new application to be submitted.

Send this application to:

Division of Vehicles
Driver Solutions
PO Box 12021
Topeka, KS 66612-2021