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)
-	ved all sections of this application and am aware the form. I further certify all information I have re	_	
(Signature)		(Date)	
If you are providing proof of annual household in	ncome, 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.
 - o 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.

If approved, the ignition interlock manufacturer shall reduce the cost of the ignition interlock lease, the installation, the monthly calibration, and removal by 50%. This reduction shall not apply to additional costs associated with violations, mechanical failures, noncompliance, late fees, or lockouts.

Send this application to:

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