



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

Send this complete 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):**

<b>NAME:</b>		<b>CONTACT PHONE:</b>	
<b>ADDRESS:</b>		<b>DATE OF BIRTH:</b>	
		<b>SOCIAL SEC. #</b>	

**CHARGE(S):** Provide the Arrest Date(s) for the Alcohol Violation: \_\_\_\_\_

**Are you on Probation:**  No  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):	\$

**Total Household Gross Income – you must tell us how much and how often you receive each amount listed:**

Household Names List <b>EVERYONE</b> in your household <b>AND</b> the income each earns & how often <b>OR</b> check the box at the right if they have no income.	Gross Income and How Often it was received								<input checked="" type="checkbox"/> <b>Check if NO income:</b>
	**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 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. You **must** also 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:

**TERMS OF INDIGENT ASSISTANCE:**

If approved for assistance, funding will cover one (1) installation, one (1) removal and monthly monitoring fees for a one (1) year time period – funding is dependent on having the ignition interlock permit issued. If you do not have the permit issued within 10 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, one (1) removal and monthly monitoring fees for a one (1) year time period – funding is dependent on having the ignition interlock permit issued. If you do not have the permit issued within 10 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 permit issued within 10 days or funding will be terminated. Cost for the permit is \$47.50 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 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 \_\_\_\_\_