

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

AFFIDAVIT OF FINANCIAL HARDSHIP REQUEST TO WAIVE THE COSTS OF IGNITION INTERLOCK

North Carolina General Statute § 20-179.5 relates to the affordability of an ignition interlock system. A person who applies for a waiver of a portion of the costs of an ignition interlock system under subsection (b) of this section shall provide to the vendor this affidavit showing either (i) that the person's income is at or below one hundred fifty percent (150%) of the federal poverty line or (ii) that the person is enrolled in any of the following public assistance programs: (1) Temporary Assistance for Needy Families (TANF). (2) Supplemental Security Income (SSI). (3) Supplemental Nutrition Assistance Program (SNAP). (4) Low Income Home Energy Assistance Program (LIHEAP). (5) Medicaid.

To be given consideration, you must:

- (1) Complete and sign and notarize this affidavit
- (2) Attach ALL required income verification documentation shown in Section 4 or proof that of enrollment in the applicable public assistance program
- (3) Send these documents as instructed in Section 6

SECTION 1 - APPLICANT INFORMATION							
Last Name			First			Middle	
Phone	:		E-mail	Address			
Driver License No.							
SECTION 2 – HOUSEHOLD SIZE AND INCOME INFORMATION Note: If you are enrolled in Public Assistance Programs, skip to Section 5.							
2.1	How many persons are in your household?						
	Note: Household size includes you, your spouse, and your children if the children will receive more than half their support from you. It includes other people only if they live with you now, they receive more than half their support from you now, and they will continue to receive this support from you for the year that you affirm your household size. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, and payment of college costs.						
2.2	What is your	total household income from the	he prior	tax year?		,	. 0 0
2.3	What is your	total household monthly incon	ne, curre	ently?		,	. 0 0
	wages, comm or corporation benefits; work	issions, bonuses, dividends, se is rental of property; retirement ters compensation benefits; un	everance t or pen	e pay, etc.); ov sions; interest,	wnership or o	operation of nuities; cap	a business, partnership, ital gains; social security

Remember that household income includes but is not limited to: income from employment or self-employment (salaries, wages, commissions, bonuses, dividends, severance pay, etc.); ownership or operation of a business, partnership, or corporation; rental of property; retirement or pensions; interest, trusts, or annuities; capital gains; social security benefits; workers compensation benefits; unemployment insurance benefits; disability pay and insurance benefits; gifts or prizes; and alimony.

3.1 If you have filed a federal income tax return for either of the past two tax years, attach documents described in Section 4.1 or 4.2

3.2 If you have not filed a federal income tax return for either of the past two years, and you have earned or received any household income, attach documents as described in Section 5.2.

3.3 If you have no household income in the past calendar year, proceed to Section 5.3.

SEC	TION 4 – INCOME VERIFICATION DOCUMENTS					
	Please review the methods of proving income below. Once you collect the documents, check the box to indicate that you have collected all the documents requested and that you have included them in your submission to the Division.					
4.1	Provide your most recent federal income tax return (first two pages). You must also include the federal income tax return (first two pages) of your spouse if you filed "married but filing separately."					
	I have included the first two pages of my most recent federal tax return, and I have included my spouse's first					
	two pages of their federal tax return because I filed married but filing separately.					
4.2	If you have not filed a federal income tax return for either of the past two tax years, you must provide documentation of all household income you and your spouse (if applicable) receive.					
	You must provide at least one piece of documentation for each source of household income. Acceptable forms of income include:					
	pay stubs (for the past month)					
	letter from your employer containing your income by month or year					
	■ W-2					
	■ 1099					
	interest or bank statements					
	 documents from the Division of Employment Security 					
	If you claimed that anyone is in your household (Section 2.1 and Section 2.2 above), for each person claimed you must provide the person's full name, birth date, and describe the person's relationship to you.					
	I have included at least one piece of documentation for each source of household income, and for each person					
	in my household I have included: (1) how the person is related to me; (2) their full name; and (3) birth date.					
4.3	If you have no household income, you must still provide documentation. You may either provide a sworn or affirmed statement from the person who has provided support and maintenance to you over the last calendar year, or you may provide supporting documentation that you are supporting yourself primarily through government assistance.					
	I have included a sworn or affirmed statement from the person providing for my support.					
	I have included supporting documentation that I am primarily supporting myself through government					
	assistance.					
	Description of Document being sent (please explain)					

	e indicate the current public assistance program(s) in which you are enrolled. You will be required to provide tentation verifying your enrollment.						
5.1 Te	Temporary Assistance for Needy Families (TANF)						
5.2 Su	Supplemental Security Income (SSI)						
5.3 Su	Supplemental Nutrition Assistance Program (SNAP						
5.4 Lo	Low Income Home Energy Assistance Program (LIHEAP)						
5.5 M	Medicaid						
G= G== G= (- AUTHORIZATION AND CERTIFICATION						
true, complete affirmation co I further author regarding 20-	y of perjury, I declare that the information provided on this form and in any accompanying documentation is e, and correct to the best of my knowledge. I understand that a false or dishonest answer made under oath or oncerning my financial status could lead to prosecution for perjury, which is a felony. orize the release of financial information to the Division to allow it to verify eligibility of financial hardship -17.8(c1). This release includes employers and any governmental agencies, including the Internal Revenue of the North Carolina Department of Revenue, and any other entities that could aid the Division in determining						
Printed Name	<u> </u>						
Signature	Date						
State of County of Affirmed to an							
(Of	Signature of Notary Public (Printed or typed name) My commission expires:						
	WHERE TO SEND THIS FORM AND OTHER DOCUMENTS il, fax, or deliver this form and any accompanying documentation to your chosen ignition interlock vendor.						

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SECTION 8 - THE NEXT STEPS

After your chosen vendor receives your application, the vendor will review whether you are eligible for a waiver. Your eligibility is based upon the number of persons in your household, your household income, and the most recently released Federal Poverty Level Guidelines. After your vendor reviews your application, it will do one of the following:

- 1. Determine that you are eligible for a waiver.
- 2. Determine that you are not eligible for a waiver.
- 3. Determine that you need to provide additional documentation to assess your eligibility for a waiver. The vendor will notify you what additional information is required. If you fail to provide the documentation, your request for a waiver will be withdrawn.
- 4. Determine that you did not complete this form or did not otherwise provide the requested information. Therefore, request for a waiver will be withdrawn.

SECTION 9 - REVIEW OF DENIAL

§20-179.5(f) Review of Denial – An applicant denied a waiver of ignition interlock system costs may seek review by the Division of Motor Vehicles of the vendor's determination.

Within 30 days of service of the decision of the vendor, the applicant shall submit a written appeal to the Division of Motor Vehicles setting forth the facts, arguments, and all documents as set out in G.S. 20-179.5 upon which the appeal is based. The appeal shall be served on a process agent of the Division via certified mail pursuant to G.S. 1A-1, Rule 4(j) of the Rules of Civil Procedure.

Upon receipt of the written appeal, the Division shall review the written appeal and the vendor's decision, as well as any documents, exhibits, or other evidence bearing on the appeal, and shall render the final agency decision, supported by findings of fact. The final agency decision shall be given by deposit in the US mail of such notice in an envelope with postage prepaid, addressed to such person at the address as shown by the address of record at the Division for the applicant.