



VIRGINIA ALCOHOL SAFETY ACTION PROGRAM
Unaffordability Application
 for Ignition Interlock Servicing and Monitoring

Print Form

Instructions: If you have been declared indigent by the court and are seeking unaffordability for ignition interlock fees, you are required to complete this form in its entirety and supply all requested documentation for your request to be considered.

www.vasap.virginia.gov				
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Ignition Interlock Program Participant Information

First Name	Middle Name	Last Name	Driver's License Number
_____	_____	_____	_____

Address	City	State	Zip
_____	_____	_____	_____

Date of Birth	Phone Number	Email Address
_____	_____	_____

Part I - you must provide a recent qualification or acceptance letter from the agency or department providing the benefits you checked below. Your name must be on the letter. An ID card is not an acceptable proof of enrollment. Please do not send original documentation, it will not be returned. Thank you.

- CCAP- Child Care Assistance Program
- NSLP – National School Lunch Program
- EAP- Energy Assistance Program
- NSLP – National School Lunch Program
- WIC – Women, Infants and Children Program
- Head Start
- SNAP-Supplemental Nutrition Assistance Program (Food Stamps)
- TANF – Temporary Assistance for Needy Families
- MA -Medical Assistance/Medicaid
- GA – General Assistance Medical Care Program
- SSI – Supplemental Security Income.
Note: SSI is not Social Security Disability

Part 2 – please provide all information requested below:

Annual Income: \$ _____ Employer Name: _____ Hours worked per week: _____

If unemployed, please list the reason why: _____

Federal Adjusted Gross Income for Prior Year's Tax Return: \$ _____ Spouse Salary: \$ _____

Number of dependents: _____ Child support received: \$ _____ Total of all bank accounts: \$ _____

Owned vehicles (include make, model and year): _____

Monthly expenses (please list the expense type and monthly amount for each): _____

Part 3 – please provide the past 90 days-worth of bank and credit card statements.

Notice:

What is the purpose of supplying the requested information?

The Virginia Alcohol Safety Action Program (VASAP) collects the information on this form for identification purposes, for consideration for unaffordability in the Virginia Ignition Interlock Program, and as outlined in Virginia Code 18.2-270.2 (C) and 24VAC35-60-50 (E).

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse; however, the Virginia Alcohol Safety Action Program may consider your application incomplete and will be unable to process your request for unaffordability.

Who will have access to the requested information?

The Virginia Alcohol Safety Action Program may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians, or property.

I verify the information on this document is truthful and accurate. I understand that providing any false information will prohibit me from receiving unaffordability and require that I pay the regular fees for the remainder of my time in the ignition interlock device program.

X

Signature

Date