SOUTH CAROLINA DEPARTMENT OF PROBATION, PAROLE AND PARDON SERVICES

Print Form

IGNITION INTERLOCK DEVICE PROGRAM FINANCIAL ASSESSMENT - CONFIDENTIAL

This form may be completed online and printed.

QUALIFYING INFORMATION SECTION

Last Name _____ First Name _____ MI ____

Address _____ DL # _____

City _____ Date of Birth _____

State _____ Zip _____ Year, Make, Model of Vehicle _____

Living Arrangements: _____ Length of lime in Current Arrangement: _____

(Describe Living Arrangements)

Employement Status *(Check One)*

☐ Employed

Place of Employment _____

Position _____ Length of Time _____

Address _____

City State Zip

Verification _____ _____

Name Date

☐ Unemployed

Length of Unemployment _____

Verification _____ _____

Name Date

Last Employed: From _____ To _____

Last Place of Employment _____

Other People Living in Household:

Name	Age	Relationship	Name	Age	Relationship

FINANCIAL REPORTING SECTION

A: Monthly Income From Wages

Self _____

Spouse _____

Other Hosehold Members _____

How Often is Driver Paid? _____

(Weekly, Bi-Monthly, Monthly)

B: Monthly Income From Other Sources

Rental Income _____

CDs/Trusts/Stocks/Bonds _____

Child Support _____

Alimony _____

Legal Settlements _____

AFDC/Food Stamps/ Rental Assistance _____

Other (*List below*) _____

_____

C: Monthly Expenses

Rent/Mortgage _____

Water/Sewer _____

Electric/Gas _____

Food _____

Telephone _____

Health/Life Insurance _____

Child Support/Child Care _____

Alimony _____

Auto Loan _____

Charge/Loan Accounts _____

Recreation _____

Other _____

I certify that all financial information and statements disclosed are true and accurate.

_____ _____

Driver Signature Date

FINANCIAL ASSESSMENT INSTRUCTIONS

The information requested by the Financial Assessment must be properly and accurately completed for this form to be processed. All requested information must be furnished. At least two articles of verification are recommended to verify wages, other income or expenses (i.e. verification for the current and previous periods of review). All information must be completed as outlined below.

NOTE: The offender shall be informed that the South Carolina Department of Probation, Parole and Pardon Services reserves the right to cease participation in the Ignition Interlock Program and bill for the full amount of services rendered if information provided for the Financial Assessment is misstated or misrepresented.

QUALIFYING INFORMATION SECTION

- **Driver Name:** (Last, First, MI): Enter offender's name.
- **Address:** Enter driver's mailing address.
- **DL#:** Enter driver's Driver License Number.
- **Date of Birth:** Enter driver's birth date.
- **Living Arrangements and Length of time in Current Arrangement:** Describe the driver's present living arrangement and the length of time in this living arrangement (e.g. homeless, with relatives other than spouse or parent).
- **Employment Status:** Check the appropriate response. If employed, provide all information requested in the "Employed" section only and proceed to the "Other People Living in Household" section. Documents that can be used as verification of employment include a recent pay stub or a company or employer letter. If unemployed, provide all information requested in the "Unemployed" section and proceed to the "Other People in Household" section. Documents that can be used as verification of unemployment include benefits statement/check stub for unemployment benefits, employer letter, disability verification or signed offender statement.
- **List Other People in Household:** List other people who live in the same household with the driver, including spouse and any dependents.

FINANCIAL REPORTING SECTION (Do not leave any spaces blank. Place a zero in the appropriate space if the driver has no income or expenses.)

- **A - Monthly Income From Wages:** Enter all wages as appropriate. The following documents can be used as verification: pay check stub, W-2 form or employer statement.
- **B - Monthly Income From Other Sources:** Enter all income received from sources other than employment. ("Rental Income" refers to income received from rental property that is owned by the offender.) The following documents can be used as verification: payment stub, most recent state or federal tax return, bank statement, court records, letters from the benefit office regarding monthly benefit amount, etc.
- **C - Monthly Expenses:** Enter all monthly expenses as appropriate. The following documents can be used as verification: expense receipts, payment books, most recent bill.
- The federal Poverty Guidelines table will be applied to determine indigence.