



South Carolina Department of Probation, Parole & Pardon Services
Ignition Interlock Device Program

FINANCIAL ASSESSMENT – CONFIDENTIAL

DATE OF APPLICATION: _____

1. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION								
Applicant's Name (Last, First, MI)								
Applicant's DL#			Last 4 Digits of SSN		Date of Birth			
Street Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address								
City		State		County		ZIP Code		
Number of Dependents Claimed for Tax Purposes				Primary Contact - Phone ()				
2. DEPENDENTS – List name, age and relationship of all dependents listed on your federal tax return.								
Name		Age	Relationship		Name		Age	Relationship
3. EMPLOYMENT STATUS								
<input type="checkbox"/> Employed: Current Employer								
Street Address, City, State				Position				
<input type="checkbox"/> Unemployed: Have you applied for unemployment?								
<input type="checkbox"/> Yes: When did you apply?								
<input type="checkbox"/> No: Please explain:								
<input type="checkbox"/> Self- Employed: Please describe your type of work.								
4. MONTHLY INCOME – Submit proof of monthly income, such as last 2 pay stubs, copy of a recent federal tax return, or W-2s. We cannot process your application without proof of income and will not return attachments.								
<u>Monthly Income Sources</u>				<u>Combined Monthly Income</u>				
Self and spouse's monthly net pay				\$				
Social Security				\$				
Disability				\$				

Unemployment	\$
Spousal/Child Support	\$
Rental Property	\$
Investment Income	\$
Other:	\$
Total Monthly Income	\$

UNEMPLOYMENT: If you do not have monthly income, please explain how you take care of your monthly expenses.

5. MONTHLY EXPENSES – Submit proof of monthly expenses, such as expense receipts or recent bill. Listed expense will not be considered without proof of expenses and will not return attachments.

Rent/Mortgage	\$
Electric/Gas	\$
Water/Sewer	\$
Telephone	\$
Court-Ordered Child Support	\$
Court-Ordered Alimony	\$
Recurring Medical Expenses	\$
Total Monthly Expenses	\$

6. ADDITIONAL BENEFITS – Check any benefits you are receiving. Submit proof of benefits, such as letters from the benefit office regarding monthly benefits amount, etc. We cannot process your application without proof and will not return attachments.

- | | |
|---|--|
| <input type="checkbox"/> Temporary assistance or needy families
<input type="checkbox"/> Poverty-related veteran's benefits
<input type="checkbox"/> Supplemental security income | <input type="checkbox"/> General assistance
<input type="checkbox"/> Food stamps
<input type="checkbox"/> Medicaid |
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7. SIGNATURE

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

Applicant Signature	Date
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Application and all supporting documentation must be mailed to:

SCDPPPS
IID Indigent Fund
P.O. Box 50666
Columbia, SC 29250

For Department Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
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