

## FINANCIAL ASSESSMENT INSTRUCTIONS

**Applications for financial assistance that do not comply with these instructions will not be considered.**

Applicants must provide all information as requested of them by this application. Do not submit original documents, only copies, as the information submitted with the application will not be returned. Provide all documents that prove your wages, income from any source, and your expenses for the last ninety days.

**NOTE:** Financial assistance will be granted, denied, or continued at the sole discretion of the South Carolina Department of Probation, Parole and Pardon Services. The Department relies on the applicant to provide full and accurate financial information. The Department reserves the right to deny or cancel financial assistance if the information provided by the applicant is false, inaccurate, or misstated.

### APPLICANT INFORMATION SECTION

- **Applicant's Name** (Last, First, MI): Enter driver's name.
- **Applicant's DL Number:** Enter driver's license number.
- **Social Security Number:** Enter the last four (4) digits of driver's Social Security Number.
- **Date of Birth:** Enter driver's birth date.
- **Address:** Enter driver's mailing address. Check if address is the permanent or temporary address for driver.
- **Number of Dependents Claimed for Tax Purposes:** Enter the number of individuals driver can claim on federal tax return.
- **Primary Contact:** Enter the best telephone number to contact driver.

### DEPENDENTS SECTION

- **List Other People in Household:** Enter name, age and relationship of all dependents listed on driver's federal tax return.

### EMPLOYMENT STATUS SECTION

- Check the appropriate response. If *employed*, provide all information requested in the "Employed" section *only* and proceed to the "Monthly Income" section. Examples of verifying documents 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 "Monthly Income" section. Examples of verifying documents include benefits statements/check stubs for unemployment benefits, employer letters, disability verifications or signed drivers' statements. If *self-employed*, provide all information requested in the "Self-Employed" section *only* and proceed to the "Monthly Income" section. Examples of verifying documents include business account books, bank statements or any documents showing income related to the self-employment.

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

- Applicants must identify the source of all income. Enter all wages as appropriate to include the applicant and the applicant's spouse. The following documents can be used as verification: payment stubs, bank statements, court records, letters from a benefit office that state a monthly benefit amount, etc. ("Rental Property" refers to income received from rental property that is owned by the driver.) If unemployed, you must explain how your monthly expenses stated in Section (5) of the application form are being satisfied.

### MONTHLY EXPENSES SECTION

Enter all monthly expenses as requested. Provide as much documentary proof of expenses as possible, such as expense receipts, payment books, utility and other bills. Expenses incurred due to court-ordered support payments or judgments for debts should be identified and proof of the orders or judgments provided.

### ADDITIONAL BENEFITS SECTION

- Check the appropriate response. Provide proof of additional benefits, such as documents from benefit offices that state the amount of benefits you are receiving.



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

**\*CONFIDENTIAL\***

**DRIVER FINANCIAL ASSESSMENT APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_

**1. APPLICANT INFORMATION -- PLEASE PRINT CLEARLY.**

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 – Indicate Employment Status Below**

Employed: Current Employer

Street Address, City, State	Position
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Unemployed:

If you applied for unemployment benefits, provide the date of your application: \_\_\_\_\_

If you did not apply for unemployment benefits, please explain why you did not do so:

Self-Employed: Please describe how you are self-employed.

**4. MONTHLY INCOME – The Department will not process your application without proof of income. Submit documentary proof of ALL monthly income for the last ninety (90) days. Provide copies only of paycheck stubs, W-2s, bank statements, or any other proof of income. If you are married, you must include your spouse's income information for each category listed below.**

<u>Monthly Income Sources</u>	<u>Combined Monthly Income</u> (If married, include your spouse's income for each category)
Monthly Net Wages or Salary	\$
Social Security Payments	\$
Disability Payments	\$

Unemployment Benefits	\$
Spousal / Child Support	\$
Income from Rental Properties	\$
Investment Income	\$
Other:	\$
<b>Total Monthly Income</b>	<b>\$</b>

**UNEMPLOYMENT:** If you are unemployed, explain how you take care of the monthly expenses that you list in Section (5):

**5. MONTHLY EXPENSES – List your monthly expenses for the last ninety (90) days. You must provide copies only of documentary proof for each expense listed or the expense will not be considered.**

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

**6. ADDITIONAL BENEFITS – Check the box that best describes any benefits you are receiving. Submit copies only of documentary proof of any benefits you receive.**

<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**

*With my signature below I certify that the financial information I have provided in this application is 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  
 Approved    Denied   Date: \_\_\_\_\_