WASHINGTON STATE DEPARTMENT OF LICENSING

Click here to START or CLEAR, then hit the TAB button

Financial Assistance Application

Use this form to:

- Apply for a waiver of the administrative fee for a DUI hearing on the suspension or revocation of your driver license.
- Apply for assistance with the costs of Ignition Interlock Device (IID) installation, removal, and leasing the IID.

We will notify you in writing if you have been approved or denied. For more informationon on **IID Assistance** or **Hearing Administrative Fee Waiver**, visit **dol.wa.gov**.

Send this application and **ALL** required documents to the applicable address or fax below. Select **only one** (a new application must be submitted for each type of assistance):

☐ **IID assistance:**
Driver Records
Department of Licensing
PO Box 9030
Olympia, WA 98507-9030
Fax: (360) 570-7824

☐ **Hearing administrative fee waiver:**
Hearings & Interviews Section
Department of Licensing
PO Box 9031
Olympia, WA 98507-9031
Fax: (360) 570-4950

Applicant

PRINT OR TYPE Name *(Last, First, Middle initial)*	Driver license number	State

Date of birth	(Area code) Daytime phone number	Email

Hearing – Complete this section if applying for a hearing administrative fee waiver

Attorney name, if applicable (**Do not enter public defender**)		
Attorney address *(Street address or PO Box, City, State, ZIP code)*		
(Area code) Attorney phone number	(Area code) Attorney fax number	Attorney email

Eligibility – Applications without required proof will be denied. Attachments will not be returned.

Assistance

Check all that apply – **attach proof (dated within the last 30 days)**

☐ Temporary assistance for needy families
☐ General assistance
☐ Food stamps
☐ Poverty-related veteran's benefits
☐ Refugee resettlement benefits
☐ Medicaid
☐ Supplemental security income
☐ I have a court appointed attorney
☐ I am currently involuntarily committed to a public mental health facility

If none of the above apply, complete the questions below. **Applications without required proof will be denied.**

Answer the following

1. Total number of persons in your household (include yourself) . . . . . _____
2. Do you live with your parent/guardian? . . . . . ☐ Yes ☐ No
3. Monthly Income – **Submit proof** of income, such as last 2 month's pay stubs, copy of a recent federal tax return, or W-2s. If you have no income or don't have proof, attach a signed written statement explaining this.
   a. You and your spouse's monthly take-home pay . . . . . $_____
   b. Contribution from any family member or other person living in the household who is helping with your basic living costs . . . . . $_____
   c. Interest, dividends, or other income . . . . . $_____
   d. Pensions, annuities, social security and/or public assistance . . . . . $_____

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I authorize the Department of Licensing to verify all information provided.

_____
Date and place (city or county) signed

X _____ Print the completed form and sign here.
Applicant signature

RCW 10.101.010; 46.20.308

DR-500-024 (R/1/18)WA

For Department Use Only
☐ Approved ☐ Denied By _____