



County of Inyo

HEALTH & HUMAN SERVICES DEPARTMENT

Aging Services, Behavioral Health, Public Health, Social Services, First 5, Prevention

DUI FEE WAIVER APPLICATION

APPLICANT INFORMATION

Name:

Date of Birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

DO YOU CURRENTLY RECEIVE? (CHECK YES OR NO)

General Assistance	YES	NO
CalWorks	YES	NO
CalFresh	YES	NO
Medi-Cal	YES	NO
Tribal TANF	YES	NO

WHAT IS YOUR SOURCE OF INCOME (SOCIAL SECURITY, JOB, PARENTS)?

WHAT WAS YOUR MONTHLY INCOME LAST MONTH?

GROSS (Amount before taxes):

DID YOU RECEIVE ANY ADDITIONAL INCOME/DIVIDENDS/TRIBAL DISTRIBUTION/SPOUSAL SUPPORT LAST MONTH? (CHECK YES OR NO)

YES NO

Amount:

VERIFICATION FOR ALL INCOME MUST BE PROVIDED

I declare that all the information above is true and accurate under penalty of perjury.

Signature of applicant:

Date: