



TEXAS DRIVER RESPONSIBILITY PROGRAM (TXDRP)

Financial Affidavit for Reduction of Surcharges



Your application for the TXDRP Surcharge Indigence Reduction Program and any supporting documents you provide may be forwarded to the Texas Department of Public Safety for additional review and, if found to be fraudulent, may incur assessment of criminal penalties.

This affidavit must be completed, notarized, and accompanied by supporting documentation to be reviewed. Please complete this affidavit in black or blue ink only. Please use notes section on page 2 for additional information.

The following information will be used to determine your eligibility. You must be living at or below 125% of the federal poverty level to qualify for a reduction. Please visit the following web page for an income chart according to household: www.txsurchargeonline.com/Indigence.

Print Full Name: _____

DL/ID/DPS Assigned Number: _____

Date of Birth (MM/DD/YYYY): _____

Employment:

I am am not employed or self employed

Monthly Income: _____

If unemployed, when did you file for unemployment? _____

Weekly amount you are eligible to receive? _____

Please explain reason if you did not file for unemployment: _____

Household:

I live alone and support myself. (If you entered zero income above, please provide supporting documents regarding your living status)

*I am Head of Household and support _____ dependents.

*I reside with _____
Please list their name(s) and relationship to you.

I reside in housing either partially or completely funded by government or private assistance.

I am incarcerated _____
Please list TDCJ or County Jail Inmate Number

**Please complete Household Income Section if this option is selected.*

For Office Use Only:

Applicant Other Income:

This does not include your previously listed income. List Income received within the past 12 months from additional employment, a business, or income from rent payments, social security, interest, dividends, retirement, annuity payments, or any other sources.

AMOUNT	HOW OFTEN	SOURCES

Household Income:

This does not include your previously listed income. List all income in household.

AMOUNT	HOW OFTEN	SOURCES

Cash Assets:

I have the following accounts (please list balances):

Checking: \$ _____ Savings: \$ _____ Money Market: \$ _____

Documentation:

NOTE: You are **required** to send supporting documentation with this affidavit for yourself and other members of your household. Please indicate below which documents you included to support this affidavit.

***Do not send original documents. They will not be returned.**

- A 1040 for the prior tax year and include any related 1099 forms
- The two (2) most recent bank statements
- The two (2) most recent paycheck stubs from all employers
- Unemployment claims of payment or denial letter for the previous twelve months
- The two (2) most recent Social Security Supplemental Income statements
- Other documentation related to income
- Evidence of dependents if not listed on the previous documents
- Evidence of housing assistance
- Evidence of income for other members of my household
- Other applicable documentation

COMPLETE NOTARIZATION ON THE BACK SIDE BEFORE SUBMITTING



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ADDITIONAL DOCUMENTATION MAY BE REQUIRED:

Additional documentation which may or may not be listed on this affidavit may be requested to determine eligibility for the Indigence Reduction Program. You will be notified in writing of the specific request necessary. Requested documentation must be received **within 30 days** in order to be considered part of this application. If you do not respond within 30 days, you will be required to submit a new affidavit with supporting documents to be reconsidered for the Program.

NOTE: If you are an inmate and need to complete an unsworn declaration in lieu of a notary, please download the form from www.txsurchargeonline.com.

OATH BEFORE NOTARY PUBLIC

STATE OF _____, COUNTY OF _____, BEING FIRST DULY SWORN, UNDER OATH, SAYS: THAT HE/SHE IS THE APPLICANT IN THIS ACTION AND KNOWS THE CONTENT OF THE ABOVE APPLICATION AND CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

DAY OF _____, 20 _____

Signature of Notary Public

My commission/ term expires: _____



Notary Stamp

PLEASE ENTER ADDITIONAL INFORMATION IN THIS SPACE

Please mail the original notarized form to:



INDIGENCY APPLICATION PROCESSING
PO BOX 16733 – AUSTIN, TX 78761-6733
TOLL FREE (866) 223-3583
Mon – Thur 8AM– 9PM, Fri 8AM – 6PM
Saturday 8AM – 12PM