



Financial Assessment Interview Form

Date: ____/____/____

ID#: _____

I, _____, request that SDSU Central District DUI Program conduct a financial assessment interview to determine my eligibility for a reduced fee or an extended payment schedule. I understand that I am required to provide verifying documentation of my financial status as indicated below:

- ☐ Gross wages, salaries, bonuses, commissions, and tips;
- ☐ Compensation for work-related expenses in excess of the actual expense;
- ☐ Net profits from self-employment;
- ☐ Spousal support;
- ☐ Social Security, retirement, unemployment compensations, union fund strike benefits, worker's compensations, veterans' payments, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, emergency assistance money, general assistance, education grants, or training stipends), and
- ☐ Gross personal income as reported on federal income tax return.

I understand that to qualify for an extended payment plan, my total documented income must be below 35% the San Diego County Median Income. As of May 6, 2026, the area median income level is \$130,900.

Breakdown of 35%: Yearly: \$45,815; Monthly: \$3818; Weekly: \$881.

I understand that approval will result in a modified program contract and that if a termination occurs, the balance for services rendered and any additional fees assessed, are due prior reinstatement. The modification of the contract will not change the current payment due date.

Participant Signature _____ Date _____

Agency Use Only

Participant proof of income: \$ _____ (Year/Month/Week) Approve/Disapprove