

CONNECTICUT VEHICLE INSPECTION PROGRAM (CTVIP)

EMISSIONS TEST ECONOMIC HARDSHIP TIME EXTENSION

Qualifications & Application Procedures

An extension of time for a motor vehicle is available, in order for it to attain compliance with Connecticut emissions standards when it fails its emissions inspection, and the vehicles owner is experiencing economic hardship and cannot afford the necessary repairs to allow the vehicle to pass its inspection.

Connecticut General Statutes 14-164c (d) states in part, "An extension of time, not to exceed the period of inspection frequency, may be granted to obtain needed repairs on a vehicle in the case of economic hardship of the owner. Only one such extension may be granted for any vehicle. Thus, if your vehicle previously received an economic hardship time extension, it is not eligible to receive another one.

To apply for an Economic Hardship Time Extension, please read the qualifications below. If you meet the qualifications, please complete the application, and return it to DMV with **all supporting documentation**. Upon receipt of your completed application, and supporting documentation, the Department will proceed accordingly. If you meet all the requirements, an economic hardship extension will be processed and mailed to you. If you are denied, the Department will contact you in writing and notify you of why you were denied.

To qualify, applicants must provide documentation that shows their annual household income level is at or below the Federal Poverty Level Income Guidelines (chart below), records of any financial assistance received, and a copy of the failed vehicle emissions inspection report. Complete the application, form number AE-69 and the Authorization for Disclosure of Information, form number W-298. The W-298 form will allow the Department of Motor Vehicles to verify your income and assistance with the Department of Social Services. Please be sure to fill out the application completely and sign and initial where indicated. Mail or email all documents to DMV at the address below.

FEDERAL POVERTY LEVEL INCOME GUIDELINES

Household Size	Annual Income	Household Size	Annual Income
1	22,590.00	7	71,010.00
2	30,660.00	8	79,080.00
3	38,730.00	9	87,150.00
4	46,800.00	10	95,220.00
5	54,870.00	11	103,290.00
6	62,940.00	12	111,360.00

APPLICATION CHECKLIST

- Income documentation for all members of the household. Examples of acceptable documentation are SSI statements, W-2 forms, unemployment statements, etc.
- AE-69, Time Extension Application
- W-298, Authorization for Disclosure of Information
- Vehicle Emissions Test Inspection Report (If available)
- Proof of state assistance such as, food stamps, rental assistance, cash assistance, Husky Insurance, etc. (If applicable)

Important: Please make sure all forms are filled out completely, signed, and initialed where indicated.

Mail or Email Completed Applications to:

Department of Motor Vehicles
Emissions Unit
Room 115 A
60 State Street
Wethersfield, CT 06161

Emissions@ct.gov

Subject: Economic Hardship Time Extension (please include the vehicle license plate number in the email subject line)

Please call: 860-263-5333 with questions about the application process.



AUTHORIZATION FOR DISCLOSURE OF INFORMATION

W-298
(Rev. 11/14)

Name of DSS Client _____ Client ID or S.S. # _____

I authorize DSS to disclose the information indicated below to: (name and address of person to receive information)

for the following purpose(s):

(If you do not wish to state a purpose, you may write "at my request.")

Type of Information DSS is Authorized to Disclose (check all that apply):

- PHI (other than mental health, substance abuse and HIV-related records) mental health records*
- substance abuse treatment records** HIV related information***
- DSS application and documentation relating to benefits applied for, received or receiving
- other Income and financial assistance only
(Please specify)

- I understand that my refusal to sign will not affect my ability to obtain services or benefits from DSS.
- I understand that I may revoke this authorization at any time by notifying DSS, in writing, except if a disclosure has already been made in reliance on it.
- I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by privacy regulations.

This authorization expires on _____ or upon _____. (If use or disclosure of
(Date) (Event)

PHI is for research, including the creation and maintenance of a database, write "end of research study" or "none.")

X _____ Date: _____

Signature of DSS Client or Person with Legal Authority to Sign for Client
(Attach copy of designation as Conservator/ Power of Attorney/ Guardian)

Printed Name of Person Who Signed _____

Note to Recipient of Information:

* The confidentiality of psychiatric records is required under chapter 899 of the Connecticut general statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.

** **Alcohol and/or Drug Treatment Records:** This information has been disclosed to you from records protected by Federal confidentiality rule (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise, permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

*** **HIV Related Information:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

**EMISSIONS ECONOMIC HARDSHIP
TIME EXTENSION APPLICATION**
AE-69 REV. 1-2014

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
EMISSIONS DIVISION ROOM 104
80 STATE STREET, WETHERSFIELD, CT 06181-5510
Telephone: (860) 263-5333 or (860) 263-5811
On The Web At ct.gov/dmv



OWNER INFORMATION	NAME OF APPLICANT (Last, First, Middle Initial)		DRIVER'S LICENSE NUMBER	HOME PHONE NUMBER
	ADDRESS OF APPLICANT (Number and Street) (City or Town) (State) (Zip Code)			
VEHICLE INFORMATION	YEAR	MAKE	MODEL	REGISTRATION PLATE NO.
	OLD TEST DUE DATE	FAILED TEST DATE	VEHICLE IDENTIFICATION NUMBER	

WHAT IS YOUR CURRENT EMPLOYMENT STATUS? INITIAL _____

UNEMPLOYED EMPLOYED (Please indicate your annual income) RETIRED DISABLED

NUMBER IN HOUSEHOLD _____ ANNUAL INCOME OR INCOME LIMITATIONS _____

ARE YOU CURRENTLY RECEIVING GOVERNMENT ASSISTANCE OF WHICH YOU ARE A BENEFICIARY? INITIAL _____

NO YES (Please list each program and the level of benefit you are currently receiving)

NAME OF PROGRAM	LEVEL OF ASSISTANCE

DO YOU HAVE ANY OTHER ASSETS THAT CAN BE USED FOR THE NEEDED REPAIRS OF THE VEHICLE? INITIAL _____

NO YES (Please list each asset)

Applicants must document the nature of their economic hardship.

An economic hardship time extension may be granted when the owner lacks the resources to qualify for a standard waiver. The purpose of an economic hardship time extension is to provide additional time to obtain funds for emissions repairs.

Applicants must have a minimum of 1 failed (MR) Vehicle Inspection Report and meet the Federal Poverty Level Income Guidelines.

APPLICANT'S CERTIFICATION

I have read the terms of the extension that I am applying for and I understand this is an economic hardship time extension of my vehicle's emissions inspection requirement. Additionally, I understand that my vehicle is ineligible for another extension.

I understand the above stated information will be used by the Commissioner solely to determine my eligibility for an economic hardship time extension, and will be maintained in confidence to the extent allowed by law.

I understand that I am required to notify the commissioner of any change in my financial condition which would make me ineligible for an economic hardship time extension.

I hereby agree and consent to any actions that may be taken by the Commissioner or any authorized employee of the Department to verify any or all of the above stated items of information.

I hereby certify that all of the information provided and the statements made herein are true and correct to the best of my knowledge and belief, and that I am subject to penalties of false statement as provided by law.

SIGNATURE OF APPLICANT X	DATE SIGNED
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DMV USE ONLY

ECONOMIC HARDSHIP TIME EXTENSION INFORMATION	EXPIRATION DATE	DATE ISSUED
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AUTHORIZED APPROVAL (DMV Official)	DATE APPROVED
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X