



Commonwealth of Massachusetts
CIVIL SERVICE COMMISSION

REQUEST FOR WAIVER OF APPEAL FEE

APPELLANT NAME: _____

DATE: _____

APPOINTING AUTHORITY: _____

In accordance with the provisions of Section 5(n) of Chapter 31 of the Massachusetts General Laws, I request a waiver of the Appeal Fee. **I have attached verification in the form of receipts, check stubs, or other documentation that I have received assistance within the past twelve months through the program(s) listed below.**

Place a check mark next to the applicable program(s).

<input type="checkbox"/>	Unemployment Insurance (UI)
<input type="checkbox"/>	Aid to Families with Dependent Children (AFDC)
<input type="checkbox"/>	Civil Service Employment Training (G.L. c. 31)
<input type="checkbox"/>	Federal Veterans Job Training
<input type="checkbox"/>	Free or reduced price lunch or milk at school or day care center
<input type="checkbox"/>	Women Infants Children Program (WIC)
<input type="checkbox"/>	Medical Assistance (Medicaid) (MA)
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Vocational Rehabilitation Training (VRT)
<input type="checkbox"/>	Massachusetts Veterans Service

<input type="checkbox"/>	Worker's Compensation
<input type="checkbox"/>	Family Housing
<input type="checkbox"/>	Federal Veterans Rehab.
<input type="checkbox"/>	Food Stamps (FS)
<input type="checkbox"/>	Fuel Assistance
<input type="checkbox"/>	General Relief (GR)
<input type="checkbox"/>	Refugee Assistance
<input type="checkbox"/>	Rental Assistance
<input type="checkbox"/>	Social Security (RSDI)

Please indicate below the name and address of the agency, which provides the assistance. If a claim or waiver cannot be verified, your application will be cancelled. If you are not eligible for a fee waiver as described above, return your application with the required fee in the form of a bank check or money order made out to Civil Service Commission – Commonwealth of Massachusetts.

AGENCY NAME: _____

AGENCY ADDRESS: _____

I hereby declare under the penalties of perjury that the statement above is true. I authorize the agency administering the benefits I have indicated above to release information sufficient to verify my claim to the Civil Service Commission.

Applicant's Signature

Signature of Approval