

## Request for Waiver of Civil Service Examination Fee

1	an applicant demonstrates a need based upon financial hardship
EXAMINATION TITLE:	
Applicant Name:	
Daytime Phone Number:	
Email Address:	
documentation must be scanned and prior to submitting your application supporting documentation can be er	ry level examinations only. This form and the required supporting d attached to your exam application under the attachments section n in your online Civil Service account. Additionally, this form and mailed to civilservice@mass.gov. M.G.L.c 31 §5(n), I request a waiver of the Examination Application Fee and
	ant in the following program(s). (Please check and complete the following)
I am currently employed	unemployed. If employed, annual salary:
Please indicate participation in any of but will not guarantee the granting o	f the programs below. Program participation may be evidence of need f a fee waiver:
<ul> <li>Supplemental Nutritional Assistance Program (SNAP - formerly Food Stamps)</li> <li>Temporary Assistance for Needy Families (T</li> <li>Transitional Aid to Families with Dependent Children (TAFDC)</li> <li>Unemployment Insurance (UI)</li> <li>Women Infants Children Program (WIC)</li> </ul>	ANF) Municipal Veterans Benefits under M.G.L.c. 115 Rental Assistance
acceptable documentation);	n must be in the following form: , or agency verification documents (ID cards or member cards are not onths of the examination date;

and verify receipt of the assistance indicated above within 12 months of the examination date. 4.

The approval of this application for a fee waiver is solely within the discretion of the Human Resources Division (HRD). Forms and the required supporting documentation must be

provided as outlined above and within the guidelines prescribed in the applicable job posting. Forms submitted without acceptable supporting documentation will result in a denial of the requested fee waiver. In order to be approved to take an examination or to appear on an eligible list, candidates must either be approved for a fee waiver or, if a requested fee waiver application is denied, pay the required fee online.

I hereby declare under penalties of perjury that the statements made in conjunction with this application are true. I authorize the agency administering the benefits I have indicated above to release information sufficient to verify my claim should a question of authenticity arise in regard to my fee waiver application.

Applicant's Signature

Date of Application