

## Request for Waiver of the Civil Service Examination Fee

A waiver may be granted if an applicant demonstrates a need based upon financial hardship

EXAM TITLE: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please note: Fee Waivers are for non-promotional exams only. This form and the required supporting documentation must be scanned and attached to your exam application under the Attachments section prior to submitting your application in your online Civil Service account.**

In accordance with the provisions of MGL Ch. 31 §5(n), I request a waiver of the Examination Application Fee and attest that I am an approved participant 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 the programs below. Program participation may be evidence of need but will not guarantee the granting of a fee waiver:

- |  |  |
|--|--|
| <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP - formerly Food Stamps) | <input type="checkbox"/> Massachusetts Refugee Resettlement Program                    |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)                            | <input type="checkbox"/> <a href="#">Municipal Veterans Benefits under MGL Ch. 115</a> |
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC)              | <input type="checkbox"/> Rental Assistance   |
| <input type="checkbox"/> Unemployment Insurance (UI)   | <input type="checkbox"/> Social Security   |
| <input type="checkbox"/> Women Infants Children Program (WIC)                                      | <input type="checkbox"/> Supplemental Security Income (SSI)                            |
|  | <input type="checkbox"/> Other social services/social welfare program: _____           |

I am submitting supporting documentation, which must be in the following form:

1. Official receipts, check stubs, or agency verification documents (ID cards or member cards are not acceptable documentation);
2. which are dated within 12 months of the examination date;
3. are addressed to me;
4. and verify that I have received the assistance indicated above within 12 months of the examination date.

I understand that the approval of this application for a fee waiver is solely within the discretion of HRD. I understand that it is my responsibility to ensure that this Form and the required supporting documentation are provided as outlined above and within the guidelines prescribed in the job posting to which I am applying. **I understand that if I do not submit acceptable supporting documentation, my fee waiver application will be denied.** I understand that in order to be approved to take an examination or to have my name appear on an Eligible List, I must either be approved for a fee waiver or, if my fee waiver application is denied, I must 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 regards to my fee waiver application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application