
Request for Waiver of the Entrance Examination Fee

EXAM TITLE: _____

Applicant Name: _____

Applicant Address: _____

Daytime Phone Number: _____

Email Address: _____ Last 4 SS#: _____

In accordance with the provisions of Section 5 (n) of Chapter 31 of the Massachusetts General Laws, I request a waiver of the Examination Application Fee. **I have attached documentation (e.g., receipts, check stubs, agency verification) verifying that I have received assistance within the past six months through the program(s) listed below.**

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

- | | |
|--|---|
| <input type="checkbox"/> Family Housing | <input type="checkbox"/> Supplemental Nutritional Assistance Program (SNAP - formerly Food Stamps) |
| <input type="checkbox"/> Free and reduced price lunch or milk at school or day care center | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) |
| <input type="checkbox"/> General Relief (GR) | <input type="checkbox"/> Unemployment Insurance (UI) |
| <input type="checkbox"/> MassHealth | <input type="checkbox"/> Veterans Administration Vocational Rehabilitation and Employment Services (VR&E) |
| <input type="checkbox"/> Municipal Veterans Benefits under M.G.L. ch. 115 | <input type="checkbox"/> Vocational Rehabilitation Services (VR) |
| <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> Women Infants Children Program (WIC) |
| <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Social Security (RSDI) | |
| <input type="checkbox"/> Supplemental Security Income (SSI) | |

Please indicate below the name of each agency providing assistance.

1. Agency Name: _____

2. Agency Name: _____

I understand that if my waiver application cannot be verified, it will be denied. If I am not eligible for a fee waiver as described above, I must pay the required fee in the form of a money order or certified bank check made out to the Police Exam Solutions. Failure to pay the required fee may result in a delay in processing your examination application and/or the removal of my name from the eligibility list.

I hereby declare under 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 Police Exam Solutions.

To provide you with a determination of eligibility, you required to submit your application package to PES no later than the five business days prior to the exam registration deadline.

Applicant's Signature

Date of Application