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).

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

	Worker's Compensation
	Family Housing
	Federal Veterans Rehab.
	Food Stamps (FS)
	Fuel Assistance
	General Relief (GR)
	Refugee Assistance
	Rental Assistance
	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