

TESTING FEE WAIVER REQUEST FORM

NEW HAVEN FIREFIGHTER & FIREFIGHTER / PARAMEDIC

In cases of financial hardship (based on 130% of HHS Poverty Guidelines) eligible applicants may request a Test Fee Waiver.

One of the phases of the hiring process will include a thorough background investigation in which certain documents will be required, including income tax forms. If the City learns that an applicant had the ability to pay the Test fee(s) and fraudulently claimed financial hardship to obtain a Test Fee Waiver, the applicant shall be removed from further consideration in the selection process.

- I have read and understand the above statement in its entirety.
- I am an applicant for the New Haven Fire Department Entry-Level Firefighter OR Firefighter/Paramedic
- I have reviewed and I attest that I meet the 2024 HHS poverty eligibility guidelines.
- I hereby declare that I cannot meet the expense of the Application/Registration Test fee(s) associated with this recruitment.
- I attest that this statement is true, complete, and accurate.
- I understand that incomplete, false, or inaccurate information will result in the rejection of my application and/or candidacy, including dismissal if hired.
- I hereby request a Testing Fee Waiver.

Name of Applicant (please print)

Full Address of Applicant (include city/town & zip code) (please print)

Signature of Applicant

Date

FOR NOTARY PUBLIC:

Subscribed and sworn before me this _____ day of _____ 20____

SIGNATURE & SEAL OF NOTARY PUBLIC

Attach a copy of your completed, notarized form to your application submission.

The following are the Eligibility Thresholds for requesting a waiver of the application fee. If you are eligible, you may select the Waiver of Application Fee when submitting your application online with FirefighterApp.com.

2024 Firefighter & Firefighter / Paramedic Fee Waiver Eligibility Guidelines

If your annual income is below the corresponding figure in Column C, you may elect to utilize the Fee Waiver option. The figures in Column B are the 2024 HHS poverty guidelines published in the *Federal Register* January 2024. The Waiver Eligibility Threshold is calculated at 130% of the HHS Poverty Guideline.

A	B	C
Persons in family / household	HHS Poverty guideline	Waiver Eligibility Threshold
1	\$15,060	\$19,578.00
2	\$20,440	\$26,572.00
3	\$25,820	\$33,566.00
4	\$31,200	\$40,560.00
5	\$36,580	\$47,554.00
6	\$41,960	\$54,548.00
7	\$47,340	\$61,542.00
8	\$52,720	\$68,536.00
For families/households with more than 8 persons, add \$6,994 to Column C for each additional person.		

For all states (except Alaska and Hawaii).

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

The Department of Human Resources will waive the application fee in cases of financial hardship based on HHS Poverty Guidelines. If you do not meet these income guidelines, you will not be eligible for this waiver. Note that one of the phases of the hiring process will include a thorough background investigation. If the City learns that an applicant did not meet the eligibility guidelines, had the ability to pay the application fee, and that a request to waive the fee was fraudulent, that candidate will be disqualified from further consideration in the selection process.