APPLICATION FEE WAIVER REQUEST FORM

NEW HAVEN POLICE ENTRY-LEVEL OFFICER

In cases of financial hardship (based on HHS Poverty Guidelines) eligible applicants may request an Application 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 NHPD learns that an applicant had the ability to pay the applicant fee and fraudulently claimed financial hardship to obtain an Application 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 Police Department Entry-Level Officer.
- I have reviewed and I certify that I meet the 2025 HHS poverty eligibility guidelines.
- I hereby declare that I cannot meet the expense of the Application Test fee(s) associated with this recruitment.
- I certify that this statement is true, complete, and accurate.
- I understand that incomplete, false, or inaccurate information may result in the rejection of my application and/or candidacy, including dismissal if hired.
- I understand that I must attach a copy of the notarized form to my application and email a copy as instructed below.
- I hereby request an Application 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

Email completed, signed, and notarized form to: NHPDJobs@newhavenct.gov. Make sure to type in the subject line: "Application Fee Waiver Request "
You must also attach a copy of the notarized form to your application on PoliceApp.

2025-2026 Police Officer 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 2025, effective through at least June 30, 2026. 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	*$15,650*	$20,345
2	*$21,150*	$27,495
3	*$26,650*	$34,645
4	*$32,150*	$41,795
5	*$37,650*	$48,945
6	*$43,150*	$56,095
7	*$48,650*	$63,245
8	*$54,150*	$70,395
For families/households with more than 8 persons, add $5,500 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