

CHIP TEST

FEE VOUCHER REQUEST

NEW HAVEN POLICE ENTRY-LEVEL OFFICER

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

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 CHIP test fee and fraudulently claimed financial hardship to obtain a CHIP Test Fee Waiver Voucher, 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 2024 HHS poverty eligibility guidelines.
- I hereby declare that I cannot afford to pay the CHIP Test fee.
- 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 hereby request a CHIP Test Fee Voucher.

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: "CHIP Fee Waiver Request "

2024 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 2024, effective through at least June 30, 2025. 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>