

Robert P. Astorino
County Executive

Department of Human Resources

Kerry M. Oristano
Commissioner of Human Resources

Application Fee Waiver Request and Certification Form

Civil Service Law Section 50.5(b): “...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance.”

I request that my application fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

<u>Examination Title(s)</u>	<u>Exam No(s).</u>	<u>Examination Test Date</u>

Check the box(es) below that apply to you:

- I am currently unemployed **and** I am primarily responsible for support of a household
NOTE: Individuals who can be claimed as a dependent on any other person’s tax return ARE NOT eligible for the application fee waiver as head of household.
- I am currently:
- Eligible for Medicaid
 - Receiving Supplemental Security Income (SSI) payments
 - Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance): _____
Enter Public Assistance Case Number
 - Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

*****Affirmation*****
I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for an application fee waiver may be investigated and I may be disqualified from the listed civil service examination(s) if I make any false statement regarding my eligibility for application fee waiver.

Candidate’s First and Last Name (Please Print)

Candidate’s Social Security Number

Candidate’s Signature

Date