

Robert P. Astorino  
County Executive

Department 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 #</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
- Full time Active Duty Member in the armed forces of the United States of America.  
**Please submit a copy of your military orders to:**

Westchester County Department of Human Resources  
148 Martine Avenue, Suite 100  
White Plains, NY 10601

\*\*\*\*\*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