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 primary 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>Exam</u>	ination Title(s)	Exam No(s).	Examination Test Date
Check	the box(es) below	that apply to you:	
NOTE perso	: Individuals who	can be claimed a	y responsible for support of a household s a dependent on any other application fee waiver as head of
Iam	currently:		
	Eligible for Medicaid		
	Receiving Supplemental Security Income (SSI) payments		
	Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance):		
	Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency		
****	*************	****Affirmation***	*******
the w for th waive	aiver of application to e reasons indicated or may be investigate inations(s) if I make	fees and certify that above. I understan ed and I may be disc	(b) of the Civil Service Law relating to I am qualified to receive such waiver d that my claim for application fee qualified from the listed civil service t regarding my eligibility for application
Candi	date's First & Last N	ame (Please Print)	Candidate's Social Security Number
 Candi	date's Signature		 Date