



SCHENECTADY COUNTY
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.

Examination Title(s)	Exam No(s)	Exam Test Date

_____ 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 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 Workforce Innovation and Opportunity Act eligible through a State or local social service agency

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 application fee waiver may be investigated and I may be disqualified from the listed civil service examinations 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