

APPLICATION FEE WAIVER FORM

Paper Applications Only

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.

Exam Date	Exam No.	Examination Title

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.

Verification: You must provide us with the following information **before** the exam fee will be waived:

- A copy of your *Statement of Benefits Paid*;
- List all names, ages, relationships to you and the monthly income of anyone residing with you.

Name	Age	Relationship	Income

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) Public Assistance Case Number: _____
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

**** YOUR NEW YORK STATE BENEFIT CARD WILL NOT BE ACCEPTED AS PROOF OF ELIGIBILITY****

Verification: You must provide us with the following information **before** the exam fee will be waived:

- A copy of your *Benefit Verification Letter* received from the Department of Social Services or United States Social Security Administration stating that you are currently eligible for or receiving the services indicated by the box checked above.

- 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 examination(s) if I make any false statement regarding my eligibility for application fee waiver.**

Signature: _____ Date: _____

THE REQUIRED DOCUMENTS MUST BE CURRENT AND RECEIVED AT TIME OF APPLICATION FOR EXAMINATION