

Exam Application Fee Waiver Request and Certification Form

Civil Service Law Section 50.5 (b): "...fees shall be waived for candidates who certify to the (Fulton County Personnel Department) 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).	Examination Test Date

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 application fee waiver as head of household.

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

- We'll need to see your *Statement of Benefits Paid*
- List all names, ages, relationships to you and the monthly income of anyone residing with you. If extra space is needed, please attach an additional page.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>INCOME</u>

- 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

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

- Verification from the Department of Social Services stating that you are currently eligible for the services indicated by the box checked above.

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

***** 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 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)

XXX-XX-_____
Candidate's Last 4 Digits of Social Security Number

Candidate's Signature

Date