## **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	o(s).	Examination Test Date
Check below that which applies t	o you:		
I am currently unemployed a NOTE: Individuals who ca tax return ARE NOT eligib	n be claimed a	s a depend	
I am currently:			
Eligible for Medicaid			
Receiving Supplementa	al Security Inco	me (SSI) pay	ments
Receiving Public Assist Assistance or Safety No.	•	•	e for Needy Families/Family  Assistance Case Number
		Enter Public	Assistance Case Number
Certified Job Training F State or local social ser		Workforce Ir	nvestment Act eligible through a
**************	**********Affirm	ation******	*******
at I am qualified to receive such waiver for	the reasons indica qualified from the l	ited above. I ur	ting to the waiver of application fees and certing inderstand that my claim for application fee ce examination(s) if I make any false stateme
andidate's First and Last Name (Plea	ase Print)	Candidate	e's Social Security Number
andidate's Signature		Date	