



ALBANY COUNTY DEPARTMENT OF CIVIL SERVICE
112 State St., Room 1100 – Albany, NY 12207
518-447-7770

Website: www.albanycounty.com

APPLICATION FOR FEE WAIVER REQUEST AND CERTIFICATION FORM

Civil Service Law Section 50.5(b): “...fees shall be waived for candidates who certify to Albany County Civil Service 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. Documentation is attached noting approval and effective date(s) for all relevant coverage.

<u>Examination Title(s)</u>	<u>Exam No(s).</u>	<u>Examination Test Date</u>

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.

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

*******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)

____-____-____
Candidate's Social Security Number

Candidate's Signature

____/____/____
Date