



Yates County Department of Civil Service

417 Liberty Street

Penn Yan, NY 14527

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

In accordance with 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."

EXAMINATION INFORMATION			
<input type="checkbox"/> I have signed up for the following exams: <input type="checkbox"/> I have taken the following exams:			
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 NUMBER		EXAM TITLE	
Check the box(es) below that apply to you:			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I am currently:			
<input type="checkbox"/> Eligible for Medicaid			
<input type="checkbox"/> Receiving Supplemental Security Income (SSI) payments			
<input type="checkbox"/> Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance:			
_____ Enter Public Assistance Case Number			
<input type="checkbox"/> 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.			
SIGNATURE			
Candidates First and Last Name: <i>(Please print)</i>		Candidates Social Security Number:	- -
Candidate Signature:		Date:	