



ALBANY COUNTY DEPARTMENT OF CIVIL SERVICE
 112 State St., Room 900 – Albany, NY 12207
 518-447-7770

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

I request that my application fee for the examination listed below be waived in accordance with Section 50.5(b) of the New York State Civil Service Law. **I understand that my claim for application fee waiver may be investigated and I may be disqualified from the civil service examination or any subsequent appointment rescinded if I make any false statement regarding my eligibility for application fee waiver.**

<u>Examination Title</u>	<u>Exam Number</u>	<u>Examination Test Date</u>
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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:
- Receiving Medicaid
 - Receiving Supplemental Security Income (SSI) payments
 - Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance)

*******Affirmation*******

I have read the above relating to the waiver of application fee and certify that I am qualified to receive such waiver for the reason(s) indicated above.

 Candidate's First and Last Name (Please Print)

____-____-____
 Candidate's Social Security Number

 Candidate's Signature

____/____/____
 Date