

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.” Saratoga County law also grants a fee waiver for other classes of applicants. Please see below.

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 or Saratoga County Board Resolution 85-2018.

Examination Title(s)	Exam Number(s)	Examination Test Date

Check the box(es) below that apply to you and attach to each application for examination you are submitting to this office:

- I have honorably served in the in the Military and have been discharged under honorable circumstances. (attach a copy of your DD-214.)
- 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 Workforce Investment Act eligible through a State or local 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 Full Social Security Number

Candidate’s Signature

Date