

**APPLICATION FEE WAIVER:** A waiver of examination fee will be allowed if you are unemployed and primarily responsible for the support of a household. In addition, a waiver of examination fee will be allowed if you are determined eligible for Medicaid, or receiving Supplemental Security Income payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency. **All claims for examination fee waiver are subject to verification. If you can verify eligibility for examination fee waiver, complete the "Request for Examination Fee Waiver and Certification" form below and submit it with your application to the Civil Service Commission office by the close of business on the Application Deadline as listed on the Examination Announcement.**

**Examination 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)**

Police Officer

**Exam No(s).**

#63-964

**Examination Test Date**

November 17, 2012

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 examination fees and certify that I am qualified to receive such waiver for the reasons indicated above. I understand that my claim for examination 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