TOWN OF COLONIE
Civil Service Department
PO Box 508, Newtonville, NY 12128

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."

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

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 of 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 (print) **Candidate's Social Security Number**

_____ _____
Candidate's Signature **Date**