

Peter G. Crummey Town Supervisor

## **TOWN OF COLONIE**

Civil Service Department Memorial Town Hall 534 New Loudon Road Latham, New York 12110

Phone (518) 783-2721 Fax (518) 783-2802 Service by Facsimile Not Accepted Equal Opportunity Employer

Rosemary Newton Personnel Officer

## 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.
- $\Box$  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

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## 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

Town of Colonie is an Equal Opportunity/Affirmative Action Employer

FORM TOC feewaiver