



# TOWN OF COLONIE

## Civil Service Department

Memorial Town Hall

P.O. Box 508

Newtonville, New York 12128

Phone (518) 783-2721 Fax (518) 783-2802

Service by Facsimile Not Accepted

Equal Opportunity Employer

Paula A. Mahan  
Town Supervisor

Michael M. Burick  
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.
- 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

(OVER)

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 TOCfeewaiver