REQUEST FOR APPLICATION FEE WAIVER AND CERTIFICATION FORM

★Please complete a waiver form for each exam that you are applying for★

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/or receiving assistance from a Broome County Public Assistance Program"

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 and can verify eligibility for the Application Fee Waiver if requested.

I understand that I am eligible for this waiver because:

I am currently an unemployed BROOME COUNTY resident

I am currently receiving Medicaid

I am currently receiving Supplemental Security Income (SSI)

I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance, HEAP, or Child Care Assistance)

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.

Print Name:

Social Security #

Signature:

Date:

Examination Title & No:

BROOME COUNTY DEPARTMENT OF PERSONNEL
3rd Floor BROOME COUNTY OFFICE BUILDING, PO BOX 1766
60 HAWLEY STREET
BINGHAMTON, NY 13902
PHONE: 607-778-2185 FAX: 607-778-6117

BROOME COUNTY DEPARTMENT OF PERSONNEL AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER