



PETER TROIANO
COMMISSIONER

COUNTY OF ONONDAGA DEPARTMENT OF PERSONNEL

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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." Onondaga County law also grants a fee waiver for other classes of applicants. See below.

I request that my application fee for the examination listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

| <u>Exam Number</u> | <u>Examination Title</u> | <u>Examination Test Date</u> |
|--------------------|--------------------------|------------------------------|
|--------------------|--------------------------|------------------------------|

Check the box(es) below that apply to you and attach to each application for examination you are submitting to this office:

I am an Onondaga County resident **and** have honorably served or am now honorably serving in the Armed Forces, National Guard or Reserves (attach copy of DD214, NGB-22, or current DD2-Military ID card or a Statement of Honorable Service from Unit).

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

Receiving Foster Care

Certified Workforce Investment Act eligible through a State or local 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 (Please Print)

Candidate's Social Security Number

Candidate's Signature

Date