



ALBANY COUNTY DEPARTMENT OF CIVIL SERVICE  
112 State St., Room 660 – Albany, NY 12207  
518-447-7770

Website: [www.albanycounty.com](http://www.albanycounty.com)

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

**Civil Service Law Section 50.5(b): “...fees shall be waived for candidates who certify to Albany County Civil Service Department 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. Documentation is attached noting approval and effective date(s) for all relevant coverage.

<u>Examination Title(s)</u>	<u>Exam No(s).</u>	<u>Examination Test Date</u>

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 or 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 (Please Print)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Candidate’s Social Security Number

\_\_\_\_\_  
Candidate’s Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date