



CITY OF BUFFALO
DEPARTMENT OF HUMAN RESOURCES
Civil Service Division



BYRON W. BROWN
MAYOR

GLADYS G. HERNDON-HILL
COMMISSIONER

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.

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

Check the box(es) below that apply to you:

- Unemployed **and** 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. _____
Proof submitted Clerk
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments _____
Proof submitted Clerk
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) _____
Enter Public Assistance Case Number Clerk
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency
- A member of Union _____ eligible for waiver. _____
Signature of union official

Verification of the above must be submitted at time of filing application.

*****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