

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.

Examination Title(s)		Exam No(s).	Examination Test	Examination Test Date	
	_				
Check the b	— ox(es) below that apply	to you:			
NOTE: I	ndividuals who can be	y responsible for support of e claimed as a dependent e waiver as head of hous	on any other person's tax re	eturn ARE	
	3		Proof submitted	Clerk	
LI Eli	gible for Medicaid				
☐ Re	eceiving Supplemental S	Security Income (SSI) paym			
			Proof submitted	Clerk	
	eceiving Public Assistan afety Net Assistance)		for Needy Families/Family Ass	sistance or	
		Ente	er Public Assistance Case Number	Clerk	
	ertified Job Training Par cal social service agenc		estment Act eligible through a	State or	
□ A	member of Union	eligible for waiver.			
			Signature of union offi	cial	
Verif	ication of the abo	ove must be submitt	ed at time of filing app	olication.	
	*******	**************Affirmation****	******	**	
qualified to red	ceive such waiver for the rea nd I may be disqualified from	sons indicated above. I understa	ating to the waiver of application fees nd that my claim for application fee v on(s) if I make any false statement re	vaiver may be	
Candi	date's First and Last Na	uma (Please Print) Can	didate's Social Security Numb		

Candidate's Signature	Date	