

MIDDLETOWN, NEW YORK APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

In accordance with Section 50.5(b) of New York State Civil Service Law, I certify that I am **currently unemployed and primarily responsible for support of a household** OR **I am receiving public assistance** and request that my application fee(s) for the examination(s) listed below be waived.

Examination Title

Exam Number

Test Date

I am currently unemployed and primarily responsible for support of a household.

Please answer the following questions:

Can you be claimed as a dependent on any other person's tax return? _____

Filing Status: Single Married Filing Jointly (even if only one had income) Married Filing separately
 Head of Household (with qualifying person) Qualifying Widow(er) with dependent child

Number of exemptions claimed on your tax return: _____

If you file a joint tax return, do you pay over half the cost of keeping up the household? _____

Are you receiving unemployment benefits? - _____ If no, please indicate the reason you are not eligible for benefits: _____

You are **NOT** eligible for waiver under this option if you are employed, can be claimed as a dependent on another's tax return or are not responsible for over half the cost of keeping up a household.

I am currently receiving public assistance.

Please indicate the type of assistance you are currently receiving:

- _____ Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance
- _____ Supplemental Security Income (SSI)
- _____ Certified Job Training Partnership Act/Workforce Investment Act eligible
- _____ Medicaid

Please indicate the agency providing benefits and your case number. You **MUST** include this information to be eligible for waiver under this option.

Name of Agency _____

Case Number _____

Please note, your application will be returned to you unprocessed if your waiver request is denied or if this form is incomplete. If you wish to re-file for the exam, your application and the appropriate fees must be postmarked no later than the last filing date established for the examination.

*******Affirmation*******

I certify that I am qualified to receive an application fee waiver in accordance with Section 50.5(b) of New York State Civil Service Law 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 Signature _____

Date _____

Please Print Name _____

For Civil Service Office Use Only: Waiver Approved Waiver Denied Date _____

Reason for denial: _____