



St. Lawrence County  
**HUMAN RESOURCES DEPARTMENT**

48 Court Street, Court House  
Canton, New York 13617-1169

(315)379-2210  
FAX: (315)379-2388

**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 Date

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