

Niagara Falls Municipal Civil Service  
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 below that applies to you:

- I am currently: **OR**
- Eligible for Medicaid
  - Receiving Public Assistance (Temporary assistance for Needy Families/Family Assistance or Safety Net Assistance):
  - Receiving Supplemental Security Income (SSI) payments
  - Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

\_\_\_\_\_   
Enter Public Assistance Case Number

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

**Required Documents:**  
**Proof of Unemployment** \_\_\_\_\_  
**AND**  
**Tax Return** \_\_\_\_\_

NOTE: Individuals who can be claimed as a dependent on another person's tax return ARE NOT primarily responsible for support of a household, and are therefore ineligible for a fee waiver.

**Required Document:**  
**Eligibility Card** \_\_\_\_\_

\*\*\*\*\*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 examinations(s) if I make false statement regarding my eligibility for application fee waive or fail to submit verifiable documentation.*

\_\_\_\_\_  
Candidate's First and Last Name (Please Print)

\_\_\_\_\_  
Candidate's Social Security Number

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
For Office Use Only:

- Unemployed/Head of Household  Fee Waiver Approved/Disapproved
- Proof of Unemployment
  - Proof of Head of Household (Income Tax Return)
- Social Services
- Proof of Medicaid  Proof of Public Assistance
  - Proof of Certified Job Training Partnership Act  Proof of SSI Payments