



APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

City of Rome Civil Service Commission

198 North Washington Street / Rome, New York 13440 Phone: (315) 339-7609 / Fax: (315) 339-7674

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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 the application fee(s) for the application(s) that I am submitting and have noted below be waived in accordance with New York State Civil Service Law, Section 50.5(b).

| EXAMINATION TITLE(S) | EXAM NUMBER(S) | DATE OF EXAM(S) |
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Check the boxes below that apply to you.

- I am presently unemployed and I am primarily responsible for the support of a household.
(NOTE: Individuals who can be claimed as a dependent on any other person's tax return **ARE NOT** eligible for a fee waiver application as a head of household.)
- I AM CURRENTLY:
 - Eligible for Medicaid / Receiving Supplemental Security Income ("SSI") payments
 - Receiving Public Assistance: My case number is: _____
 - I am eligible for enrollment under the Certified Job Training Partnership Act/Workforce Investment Act through a State or local social service agency.

LEGAL AFFIRMATION

I have read the above portion of Section 50.5(b) of the New York State Civil Service Law relating to this application for Fee Waiver and certify that I am qualified to receive this fee waiver for the reasons I have indicated above. I fully understand that the claims I have identified in this application may be investigated and further understand that I may be disqualified from the above listed civil service examination(s) for any false statement(s) made with regard to my stated eligibility in connection with this application.

Candidate's (PRINTED) First and Last Name

____-____-____
Candidate's Social Security Number

Candidate's Signature

Date