

COUNTY OF TIOGA
DEPARTMENT OF PERSONNEL AND CIVIL SERVICE

56 Main St., Owego, NY 13827 Phone: (607) 687-8494 Fax: (607) 223-7074

Bethany B. O'Rourke - Personnel Officer



APPLICATION FEE WAIVER FORM

In accordance with:

Resolution #194-05 of the Tioga County Legislature, application fees are waived for applicants who, at the time of application, are either:

- A recipient of a public assistance program from a State or local Social Service Agency; **OR**
- Unemployed

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 for the examination listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law:

<u>Exam Number</u>	<u>Exam Title</u>	<u>Examination Test Date</u>
_____	_____	_____

Check the box(es) below that apply to you. Attach this form to each application for examination you are submitting to this office.

- I am currently unemployed **AND:**
 - I am primarily responsible for support of a household*
 - OR**
 - I am NOT primarily responsible for support of a household

* Individuals who can be claimed as a dependent on any other person's tax return *are not* considered head of household.

- I am currently:
 - Eligible for Medicaid
 - Receiving Supplemental Security Income (SSI) payments
 - Eligible under Certified Job Training Partnership Act/Workforce Investment Act through a State or Local social service agency
 - Receiving Public Assistance in the form of: **Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance- - - Case Number:** _____
 - Receiving Public Assistance in the form of: _____

Name of program & Case Number

I have read the above portion of Tioga County Resolution #194-05 and 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 above claim may be investigated and I may be disqualified from the listed civil service examination or may be disqualified from appointment and/or lead to revocation of appointment if I make any false statement regarding my eligibility for the application fee waiver.

Print Name: _____ SS#: _____

Signature: _____ Date: _____