

NASSAU COUNTY CIVIL SERVICE COMMISSION
40 MAIN STREET
HEMPSTEAD, NY 11550

Application Fee Waiver Request and Certification Form

Online Application Instructions: Save this blank form to your computer, open it using Adobe Acrobat Reader, then complete and re-save it. Return to the application payment screen and click the **Upload waiver form** button to locate and attach the 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.

IMPORTANT NOTE: To qualify under this option, you **must** attach to this form documentation such as a current printout of your "Official Records of Benefit Payment History" from the New York State Department of Labor website. Waiver requests submitted without proper documentation **will be denied** and the examination application will be **rejected**.

I am currently receiving public assistance under one or more programs listed below (check all that apply):
Note: Food Stamps, SNAP, and NYS Health Insurance **do not qualify**.

- Medicaid
- Supplemental Security Income (SSI) payments
- Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

Please indicate the agency providing benefits and your case number(s). You must include this information or your waiver request will be denied and the examination application will be rejected.

Name of Agency

Case Number(s)

*******DECLARATION*******

I have read the above portion of Section 50.5(b) of the Civil Service Law relating to the waiver of application fees. By completing this form and submitting it with my online application, I declare, subject to the penalties of perjury, 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

Candidate's Social Security Number