



WATERVLIET CIVIL SERVICE COMMISSION

City Hall - 2 Fifteenth Street – Watervliet, NY 12189

518-270-3800 Ext. 114

www.watervliet.com

APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

I request that my application fee for the examination listed below be waived in accordance with Section 50.5(b) of the New York State Civil Service Law. **I understand that my claim for application fee waiver may be investigated and I may be disqualified from the civil service examination or any subsequent appointment rescinded if I make any false statement regarding my eligibility for application fee waiver.**

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

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:

Receiving Medicaid

Receiving Supplemental Security Income (SSI) payments

Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance

*******Affirmation*******

I have read the above relating to the waiver of application fee and certify that I am qualified to receive such waiver for the reason(s) indicated above.

Candidate’s First and Last Name (Please Print)

Candidate’s Social Security Number

Candidate’s Signature

Date

WCSC-09
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