## Delaware County Examination 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 fee(s) for the examination(s) listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Exan	nination Title(s)	Exam No(s).	Examination Test Date
Chec	k the box(es) below that apply to	) VOII:	
	I am currently unemployed and I am primarily responsible for support of a household		
		n be claimed as a dependent of	
	return ARE NOT eligible for examination fee waiver as head of household.  I am currently:		
ш	☐ Eligible for Medicaid		
	☐ Receiving Supplemental Security Income (SSI) payments		
	☐ Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance):		
	☐ Certified Job Training a State or local social s	Partnership Act/Workforce Inv	sistance Case Number restment Act eligible throug
****	*********	Affirmation***********	********
ation stand e liste	the above portion of Section 50.5 fees and certify that I am qualifi that my claim for examination f ed civil service examination(s) if fee waiver.	ed to receive such waiver for the ee waiver may be investigated o	ne reasons indicated above. and I may be disqualified
Cand	idate's First and Last Name (Ple	ase Print) Candida	te's Social Security Number
 Cand	idate's Signature	 Date	