

LACKAWANNA CIVIL SERVICE COMMISSION
APPLICATION 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 application fee(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 |
|----------------------|-------------|-----------------------|
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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:
- ☐ Eligible for Medicaid
- ☐ Receiving Supplemental Security Income (SSI) payments
- ☐ Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance): _____
Enter Public Assistance Case Number
- ☐ Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency.

*****Affirmation*****

I have read the above portion of 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 claim for application 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 & Last Name (Please Print)

Candidate's Social Security Number

Candidate's Signature

Date