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:

<table>
<thead>
<tr>
<th>Exam Number</th>
<th>Exam Title</th>
<th>Examination Test Date</th>
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<tbody>
<tr>
<td>___________</td>
<td>__________</td>
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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 the Workforce Innovation and Opportunities Act through a Workforce Career Center
  - [ ] 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: ________________

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