



**NIAGARA COUNTY  
CIVIL SERVICE**  
111 Main Street – Suite G2  
Lockport, New York 14094

*Joseph A Vacanti Jr*  
*Personnel Officer*

(716) 438-4071

## **Application Fee Waiver Instructions**

**APPLICATION FEE WAIVER:** A waiver of the application fee will be allowed if you are unemployed and primarily responsible for the support of a household. In addition, a waiver of application fee will be allowed if you are determined eligible for Medicaid, or receiving Supplemental Security Income payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership/Workforce Investment Act eligible through a State or local social service agency. **All claims for application fee waiver are subject to verification. If you can verify eligibility for application fee waiver, complete a “Request for Application Fee Waiver and Certification” form and submit it with your application by the close of business on the Application Deadline as listed on the Examination Announcement.**

The “Request for Application Fee Waiver and Certification” forms are available at the Niagara County Civil Service Office located at 111 Main Street – Suite G2, Lockport, New York 14094 or on our website at [www.niagaracounty.com](http://www.niagaracounty.com).

**ELIGIBILITY DOCUMENTATION REQUIRED:** If you are applying for application fee waiver, you must submit written documentation that you are eligible for the waiver. Types of documentation that will be accepted are:

- Unemployment check stub or written letter from unemployment verifying that you are unemployed
- A letter from a former employer documenting your separation from service with the effective date and reasons why you were denied for unemployment
- A copy of bills indicating that you are primarily responsible for the support of a household (i.e. mortgage statement, rental agreement, etc. in your name)
- Written letter confirming that you are receiving Supplemental Security Income (SSI) payments
- A copy of your current Public Assistance and/or Medicaid card (eligibility will also be confirmed with the Niagara County Department of Social Services)
- Written certification that you are eligible for Job Training Partnership Act/Workforce Investment Act programs

It is your responsibility to submit sufficient written documentation indicating that you are eligible for application fee waiver. Your claim will be investigated and, if you are found to be ineligible, you may be disqualified from participation in the civil service examination you apply for.

## 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) 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.**

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 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 (Please Print)

\_\_\_\_\_  
Candidate's Social Security Number

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

\_\_\_\_\_  
Type of documentation submitted

\_\_\_\_\_  
Verified By (print name & sign)

\_\_\_\_\_  
Date