County of Onondaga
Personnel Department
John H. Mulroy Civic Center, 11th Floor
421 Montgomery Street, Syracuse, NY 13202
Phone: 315.435.3537 Fax: 315.435.8272
www.ongov.net

J. Ryan McMahon, II
County Executive

Carlton Hummel
Commissioner

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." Onondaga County law also grants a fee waiver for other classes of applicants. See below.

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.

Exam Number	**Examination Title**	**Examination Test Date**

Check the box(es) below that apply to you and attach to each application for examination you are submitting to this office:

❑ I am an Onondaga County resident **and** have honorably served or am now honorably serving in the Armed Forces, National Guard or Reserves (attach copy of DD214, NGB-22, or current DD2-Military ID card or a Statement of Honorable Service from Unit).

❑ 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

   ❑ Receiving Foster Care

   ❑ Certified Workforce Investment Act eligible through a State or local 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