

**City of Ithaca**  
**Request For Application Fee Waiver**

I request that the application fee for the examination(s) listed below be waived in accordance with Section 50.5(b) of New York State Civil Service Law based on financial need, or pursuant to Ithaca Common Council resolution (dated July 3, 2013) based on my residency in the City of Ithaca.

Examination Title(s)	Exam No(s).	Examination Test Date
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Check the box(es) that apply to you:

I am a resident of the City of Ithaca.

My legal address is: \_\_\_\_\_

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 an examination 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)

Please enter Public Assistance Case No: \_\_\_\_\_

Certified as eligible for the Job Training Partnership Act/Workforce Investment Act through a State or local social service agency.

Please identify the agency that provided certification: \_\_\_\_\_

I understand that my request for an application fee waiver may be investigated and I may be disqualified from the above-listed civil service examination(s) if I make any false statement regarding my eligibility for an application fee waiver.

\_\_\_\_\_  
Candidate's First and Last Name (Please Print)

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

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

\_\_\_\_\_  
Date