

GENESEE COUNTY HUMAN RESOURCES



COUNTY BUILDING 1
15 Main Street
Batavia, New York 14020-3199
Phone #: [585] 344-2550 ext. 2221
Fax #: [585] 344-2442
Web Page:
www.co.genesee.ny.us

REQUEST FOR FEE WAIVER

As part of my application for examination # _____ for the position of _____

I request the fee of \$ _____ be waived due to the fact I am currently receiving:
(Place a check by the appropriate answer)

- _____ Unemployment (Please provide a current receipt showing proof of unemployment payments received)
- _____ Family Assistance
- _____ Safety Net
- _____ Supplement Security Income
- _____ Public Assistance

The above designated aid is being obtained from:

- _____ NYS Unemployment
- _____ Genesee County Department of Social Services
- _____ Social Security
- _____ Other _____

My Social Security # is _____. I give my permission to the Genesee County Human Resources Office to verify the above information, and if not supported by appropriate documentation, I understand this will be grounds for examination disqualification or for barring appointment.

Signature

Date



Verified _____

Not Verified _____

Agency

Signature

Date

COMMENTS: _____