

# GENESEE COUNTY HUMAN RESOURCES

**ANITA CLEVELAND**  
Human Resources Director



**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](http://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 Assistance  
\_\_\_\_\_ Supplemental Security Income (Please provide proof of benefits or payments received)  
\_\_\_\_\_ Medicaid

The above designated aid is being obtained from:

- \_\_\_\_\_ 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: \_\_\_\_\_