



New York City Transit

149 Pierrepont Street, Room 3.600
Brooklyn NY 11201

MTA NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST GUIDE

NEW YORK CITY TRANSIT EXAMINATION FEE WAIVER REQUEST FORM

TO ALL APPLICANTS:

In accordance with Civil Service Law Section 50.5(b), the application fee shall be waived for any person who meets at least one of the following criteria during the month you wish to apply for an examination:

A) Unemployed	B) Receiving Supplemental Security Income (SSI) payments.
C) Receiving Medicaid benefits.	D) Receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.
E) Certified eligible for a Workforce Investment Act program through New York City's Workforce1 Careers Centers.	F) Veterans Fee Waiver for U.S. Armed Forces service members who have served on full-time duty, other than reserves and/or training.
G) One-time Fee Waiver for Spouses or Domestic Partner of a Veteran of the U.S. Armed Forces.	

You must complete a separate "EXAMINATION FEE WAIVER REQUEST FORM" for each examination for which you are requesting a fee waiver.

PRINT CLEARLY OR TYPE INFORMATION

Name: _____ **SS#:** _____ - _____ - _____

Exam Title: _____ **Exam Number:** _____

Email Address: _____ **Phone Number:** _____

I request that my application fee for the examination listed above be waived in accordance with the Section 50.5(b) of the State Civil Service Law.

*****AFFIRMATION*****

I have read the above-mentioned portion of Section 50.5(b) of the Civil Service Law relating to the waiver of the application fee and hereby certify that I am qualified to receive such waiver for the reason indicated below. I understand that if I falsify information concerning my current eligibility in order to obtain the application fee waiver, **I may be banned from appointment to any position within the City of New York, and may be subject to criminal prosecution. (All such violations will be referred to the Department of Investigation.)**

Signature: _____ **Date:** _____

Fee Waiver Criteria Selection: Check only the box that applies to you and for which you have acceptable documentation as described on pages 2 and 3. Complete, sign, and date this form and return it along with your documentation. At the time of applying for the above-indicated examination, I am currently...

- A) an individual who is unemployed.**
- B) an individual who is receiving Supplemental Security Income (SSI) payments.**
- C) an individual who is receiving Medicaid benefits.**
- D) an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families (TANF)/Family Assistance or Safety Net Assistance.**
- E) a participant certified eligible for a Workforce Investment Act program through New York City's Workforce1 Career Centers.**
- F) an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training.**
- G) an individual who is a spouse or domestic partner of a Veteran of the US Armed Forces (one-time use).**

FOLLOW THE INSTRUCTIONS ON PAGES 2 & 3 AND SUBMIT AND SIGN THIS PAGE WITH THE CORRECT DOCUMENTATION.



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EXAMINATION FEE WAIVER SUPPORTING DOCUMENTATION REQUIREMENTS

- A) For an individual who is unemployed: Submit an “**Unemployment Insurance Benefit Payment History**” inquiry printout. This printout must include Week Ending dates that correspond with the month that you are applying for an exam. You may obtain this printout from the New York State Department of Labor by calling 1 (877) 221-1634 or online at www.labor.state.ny.us. For the Department of Labor outside of New York State, you may access their website at www.dol.gov for assistance in locating this type of documentation online for the state in which you reside. If you are unemployed, but not currently receiving Unemployment Insurance Benefits, you may submit an affidavit signed by you stating that you are unemployed, and notarized by a Notary Public. Your affidavit must be dated within the application period for the exam you are applying for. For unemployment benefits received outside of New York State, you may include a copy of your unemployment check that bears your Name and SS# dated and issued for the month in which you are applying for an exam.
- B) For an individual who is receiving Supplementary Security Income (SSI) payments: Submit a “**Benefit Verification Break Down Letter**”. This printout shows the breakdown of your monthly payments on letterhead from a Social Security Administration Office in your state that is dated during the month for which you are applying for an exam and specifically indicates that you received SSI benefits that month. Award Letter Notifications re-issued during the month you are applying for an exam that does not include the added information in the OTHER IMPORTANT INFORMATION field that specifically states you are receiving SSI benefits that month will not be accepted. Parents who receive SSI benefits for their minor children are not eligible for a fee waiver.
- C) For an individual who is receiving Medicaid benefits or partial benefits that include Medicaid: Submit the “**MA Case/Suffix/ Individual/Summary**” printout. This printout must verify that either your eligibility for Medicaid is coded “AC” for Active, or your authorization period is currently active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Medicaid Office or call 1 (877) HRA-8411. If you applied for Medicaid benefits through a hospital or managed care program/organization, you will need to submit documentation on letterhead from that program/organization that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits that month. For Medicaid benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving Medicaid benefits, or indicates your case is active that month.

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- D)** For an individual who is receiving Public Assistance in the form of Temporary Assistance for Needy Families(TANF)/Family Assistance or Safety Net Assistance benefits: Submit the **“PA Case Composition-Suffix/Individual Summary”** printout. This printout must verify that either your eligibility for Public/Cash Assistance is coded “AC” for Active, or if your case has been closed, the date your case was closed. These dates must include the month for which you are applying for an exam. If your case has been coded “SN” for Sanctioned, or if you recently applied for benefits and your case is coded “AP” for Application, you are not eligible to receive a fee waiver. You may obtain this printout from your assigned worker, or from a New York City Human Resources Administration Office or call 1 (877) HRA-8411. For TANF/Family Assistance or Safety Net Assistance benefits received outside New York City, you will need to submit documentation on letterhead from a social service agency in your state that is dated during the month you are applying for an exam that specifically verifies your eligibility of receiving TANF/Family Assistance or Safety Net Assistance benefits, or indicates your case is Active that month.
- E)** For a participant certified eligible for a Workforce Investment Act program through New York City’s Workforce1 Career Centers: Submit documentation on letterhead from the Department of Small Business Services that is dated during the month for which you are applying for an exam and specifically indicates that you are a participant registered with the City’s Workforce1 Career Centers for that month. You may obtain this letter only by calling the New York City Department of Small Business Services at (212) 513-6406.
- F)** For an individual who has served in the U.S. Armed Forces on full-time active duty, other than reserves and/or training: Participants must have been discharged under honorable conditions from the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard only). The Veterans Exam Fee Waiver cannot be used retroactively for any exam for which you have already applied. Proper documentation must accompany your application. Mail a clear copy of your separation papers (Form DD214, long form) or a Statement of Service letter along with your application package. The Veterans Exam Fee Waiver is available for Promotion and Open Competitive exams. Please note that Veterans Preference Credits and the Veterans Exam Fee Waiver are two separate programs that have different purposes and criteria.
- G)** **One-time** Fee Waiver for Spouses or Domestic Partner of a Veteran of the US Armed Forces: At the time of exam filing, you must be a Spouse or Domestic Partner of a Veteran and the Veteran must be a United States citizen or an alien lawfully admitted for permanent residence, have received an honorable discharge or have been released under honorable conditions from the Armed Forces of the United States (i.e., the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law) or have received deployment orders on U.S. Armed Forces letterhead, and have served or is serving on full-time active duty, other than active duty for training.

SUBMISSION INSTRUCTIONS

By the deadline stated in the Notice of Examination, you must submit documentation supporting your fee waiver request by mail to MTA New York City Transit, ATTN: Fee Waiver Request for (***Insert Exam Title and Number***), 149 Pierrepont Street, Room 3.600, Brooklyn, NY 11201.