

City of Los Angeles

Firefighter Candidate Assessment

2026 Fee Waiver Application

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #
			X X X - X X -

STREET ADDRESS	UNIT	CITY	STATE	ZIP CODE

HOME PHONE	MOBILE PHONE	EMAIL ADDRESS

SECTION 1

If you receive any of the benefits below, please provide supporting documentation dated in the last 60 days from any one of these issuing agencies verifying that you receive benefits (check one):

- Supplemental Security Income (SSI); or
- Temporary Assistance for Needy Families (TANF); or
- State Supplemental Payments (SSP); or
- California Work Opportunity and Responsibility to Kids (CalWORKs); or
- General Assistance (GA) or General Relief (GR); or
- Publicly subsidized full medical coverage (Medi-Cal); or
- CAL Fresh
- Housing Choice Voucher Program (must provide a copy of the housing assistance payments (HAP) contract).

The applicant must be named on the supporting documentation. If you receive any of the benefits above, no **additional** proof of income is needed and you can skip Section 2. However, if additional household members receive other income and are not included in the benefits noted above, Section 2 must be completed.

Questions? Email us at FCAFeeWaiverApp@lacity.org or call (213) 473-9149.

PERSONNEL USE ONLY	<input type="checkbox"/> Eligible	Reviewed by _____ Date ____/____/____	VOUCHER #
	<input type="checkbox"/> Not Eligible		

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RESEARCH AND SPECIAL DATA. The City of Los Angeles is an Equal Employment Opportunity Employer. We request **voluntary** identification of your gender and ethnic/racial group. Completing the sections below will not affect your candidacy for employment.

GENDER

Male Female Non-Binary Prefer Not to Answer

ETHNIC GROUP/RACE

African American/Black American Indian Asian Caucasian Hispanic Filipino
 Native Hawaiian or Pacific Islander Two or more races Prefer not to answer