

# City of Los Angeles

## PSI – Firefighter Candidate Assessment

### 2022 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
<p>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):</p>
<p><input type="checkbox"/> Supplemental Security Income (SSI); or</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF); or</p> <p><input type="checkbox"/> State Supplemental Payments (SSP); or</p> <p><input type="checkbox"/> California Work Opportunity and Responsibility to Kids (CalWORKs); or</p> <p><input type="checkbox"/> General Assistance (GA) or General Relief (GR); or</p> <p><input type="checkbox"/> Publicly subsidized full medical coverage (Medi-Cal); or</p> <p><input type="checkbox"/> CAL Fresh</p> <p><input type="checkbox"/> Housing Choice Voucher Program (must provide a copy of the housing assistance payments (HAP) contract).</p>
<p>The applicant must be named on the supporting documentation. If you receive any of the benefits above, no <b>additional</b> 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.</p>

Questions? Email us at [FCAFeeWaiverApp@lacity.org](mailto:FCAFeeWaiverApp@lacity.org) or call (213) 473-9060.

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

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#### SECTION 2

If you do not receive any of the benefits in Section 1, your income eligibility can be determined by your household income. Please provide supporting documentation for one of the following to determine your income eligibility:

- Provide a copy of your completed federal income tax (Form 1040) from the most recent tax year; or
- If the federal income tax form does not apply to your current household, provide 1) a written explanation as to why, and 2) the following applicable documents available for all household members who receive income to verify eligibility:
  - ✓ Copy of all bank statements, check stubs, and/or documents from all applicable issuing agencies for the last 60 days stating the amount received.
  - ✓ Other documents as approved and/or requested by the City of Los Angeles Personnel Department to verify eligibility.

# People in Household**	Max ANNUAL Gross Income	or	Max MONTHLY Gross Income
1	\$12,880	or	\$1,073.33
2	\$17,420	or	\$1,451.66
3	\$21,960	or	\$1,830.00
4	\$26,500	or	\$2,208.33
5	\$31,040	or	\$2,586.66
6	\$35,580	or	\$2,965.00
7	\$40,120	or	\$3,343.33
8	\$44,660	or	\$3,721.66
8+ add the following amount for each person	\$4,540	or	\$378.33

\* Income Eligibility is based on the 2021 Federal Poverty Guideline for the 48 Contiguous States and the District of Columbia.

\*\*Household includes all family members or other persons, including yourself, who reside together and share common living expenses.

Number of people living in Household (including yourself): \_\_\_\_\_

Add the total Gross Income for all household members, including yourself.  Monthly **or**  Annual

Wages: \_\_\_\_\_

Unemployment Payments: \_\_\_\_\_

Social Security Payments: \_\_\_\_\_

Veterans Benefit Payments: \_\_\_\_\_

Other Income: \_\_\_\_\_

**Total Gross Income:** \_\_\_\_\_

#### VERIFY

I acknowledge that the information provided on this form will be used to assess my income eligibility for a Voucher for the PSI Firefighter Written Test. My signature gives consent for this information to be shared with other government agencies. I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information on this application is true and correct. I understand that under Section 1001 of Title 18 of the United States Code, submitting false information may result in criminal conviction or in a civil penalty; it may also result in disqualification in the Firefighter examination, removal from all eligible lists, a bar from participating in future examinations, and that I will not be eligible to receive future assistance.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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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