Step 2: PERSON _

Use these pages if you have more than 2 people in your household. Fill in the number of the person you're adding (Person 3, Person 4, etc.).



Complete this page for your spouse/partner and children who live with you, and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add household members who live with you. See page 1 for more information about who to include.

1. First name		Middle name	Last name	Suffix					
2. Relationship	p to PERSON 1? See instru		d? 4. Date of birth (mm/dd/yyyy)	5. Sex					
		○ Yes ○ No		○ Female ○ Male					
6. Social Security Number (SSN) We need this if you want health coverage for this person, and this person has an SSN.									
7. Does this p	erson live at the same ad	dress as PERSON 1?							
If no, list a									
	person plan to file a fedo ves, answer items a throu		AR? (You can still apply for coverage even if this per	son doesn't file a federal income tax return.,					
-		= :	ntern c.	○ Yes ○ No.					
	write name of spouse:								
-	· ·	dents on his or her tax return?							
	list name(s) of dependent								
-			rn?						
If yes,	ist the name of the tax fil	er:	How is this person related to the tax filer?						
9. Is this perso	on pregnant?		Yes O No a. If yes, how many babies are	e expected during this pregnancy?					
10. Does this	person need health cov	erage? (Even if this person has cove	erage, there might be a program with better cover	age or lower costs.)					
O YES. If yes	, answer all the questions	below. U ONO. If no	, SKIP to the income questions on page 5. Leav	e the rest of this page blank. 🔾					
			ion that causes limitations in activities	0					
			ve in a medical facility or nursing home?						
		national?ived citizen? (This usually means th	any ware harn systems the UC)	Yes O No					
	, complete a and b.	NO. If no, continue to qu							
a Alien number h Certificate number									
After you complete a and b, SKIP to question 15.									
14. If this person isn't a U.S. citizen or U.S. national , do they have eligible immigration status? YES. Enter document type and ID number. <i>See instructions</i>									
Immigration d	locument type: Statu	s type (optional): Write this pe	erson's name as it appears on their immigratio	n document.					
Alien or I-94 n	umber		Card number or passport number						
SEL 115 15									
SEVIS ID or ex	piration date (optional)		Other (category code or country of issua	ince)					
			e-duty member of the U.S. military?						
-									
15. Does this person want help paying for medical bills from the last 3 months?									
17. Tell us the names and relationships of any children under 19 that live with this person in their household: (These can be the same children listed on page 2.)									
Was this perso	on in foster care at age 18	3 or older?		Yes O No					
Answer these questions if this person is 22 or younger: 18. Did this person have insurance through a job and lose it within the past 3 months?									
a. If yes , end date: / b. Reason the insurance ended:									
-									
			rican ○ Chicano/a ○ Puerto Rican ○ Cuban ○						
Optional: (Fill in all that	<u> </u>		n Indian or Alaska Native \bigcirc Filipino \bigcirc Japanese						
apply.)			anian of Alaska Native \bigcirc Filipino \bigcirc Japanese anian or Chamorro \bigcirc Samoan \bigcirc Other Pacific I:						

Step 2: PERSON — Tell us about any income this person gets. Complete this page even if this person doesn't need health coverage.



Current job & income information									
			O Not emp Skip to it	_	Self-employed: Skip to item 31.				
Current job 1:									
22. Employer name									
a. Employer address (optional)									
b. City		c. State	d. ZIP coo	le	23. Employer phone number				
24. Wages/tips (before	re taxes)	OHourly	○ Weekly	O Every 2 week	25. Average hours worked each WEEK				
\$		Twice a month	○ Monthly	○ Yearly					
Current job 2: (If this person has more jobs, attach another sheet of paper.)									
26. Employer name									
a. Employer address (optional)									
b. City		c. State	d. ZIP cod	e	27. Employer phone number				
28. Wages/tips (befor	re taxes)	OHourly	○ Weekly	O Every 2 weeks	29. Average hours worked each WEEK				
\$		○ Twice a month	○ Monthly	○ Yearly					
30. In the past year, did this person: Change jobs Stop working Start working fewer hours None of these									
31. If this person is			. 0 0 -						
a. Type of work:	,,	F 1000 0 0 0 1 0 1 0 1							
b. How much net income (profits once business expenses are paid) will this person get from this self-employment this month? See instructions.									
					now often this person gets it. Fill in here if none. 🔾				
	ed to tell us about th	is person's income from c			or Supplemental Security Income (SSI).				
Unemployment					te: Only for divorces finalized before 1/1/2019.)				
	How often?		\$		How often?				
Pension \$			\$	t farming/fishing					
•	How often?				How often?				
Social Security \$	11		\$	t rental/royalty	Lever from 2				
	How often?				How often?				
Retirement accou			\$	her income, type: _	law often?				
How often?									
NOTE: You shouldn't include child support that this person pays, or a cost already considered in the answer to net self-employment (question 31b).									
Alimony paid (Not	ce: Only for divorces	her deductions, typ	e:						
\$	How often?		\$	F	How often?				
Student loan inter	est								
\$	How often?								
34. Complete only if this person's income changes during the year, like if this person only works at a job for part of the year or receives a benefit for certain months. If you don't expect changes to this person's monthly income, skip to the next person.									
This person's total income this year This person's total income next year This person's total income next year									
\$		\$	_	Fill in if you think your income will be hard to predict.					