



**COVERED**  
**CALIFORNIA**  
[www.CoveredCA.com](http://www.CoveredCA.com)

Electronically FILED by  
Superior Court of California,  
County of Los Angeles  
12/15/2025 8:00 AM  
David W. Slayton, Clerk of Court

## Start Application

**How did you hear about Covered California?** Certified Enrollment Counselor

**Application date** 10/08/2024

**What is the source of this application?** CWP

**Would you like to see if you qualify for free or low cost  
health care?** Subsidy

**Do you allow us to verify your information?** Y

## HouseHold

**Who is the Primary Contact for your household?** FAHED SAYEGH

**First Name** FAHED

**Last Name** SAYEGH

**Date of Birth (mm/dd/yyyy)** 11/20/XXXX

**Enter FAHED's Social Security number (SSN)** XXXXX2774

**How do you want us to contact you?** Mail

**Enter FAHED's cell phone number** 3108775033

**Enter FAHED's home phone number** 3108775033

**Enter FAHED's email address** freddy@thefoxxfirm.com

**Street address** 1226 Sonoma Dr

**City** ALTADENA

**ZIP Code** 91001

**Select State** CA

**Which county do you live in?** Los Angeles

<b>Street address</b>	1226 Sonoma Dr
<b>City</b>	ALTADENA
<b>ZIP Code</b>	91001
<b>Select State</b>	CA
<b>Which county do you live in?</b>	Los Angeles
<b>What language is best to write to FAHED?</b>	English
<b>In what language should we speak to FAHED?</b>	English
<b>Does FAHED need future communications sent in an alternative format?</b>	N
<b>Click "Yes" if FAHED would like to receive calls and text messages about their health care plan.</b>	Y
<b>First Name</b>	FAHED
<b>Last Name</b>	SAYEGH
<b>Date of Birth (mm/dd/yyyy)</b>	11/20/XXXX
<b>What is FAHED's marital status?</b>	Divorced
<b>What is FAHED's sex</b>	Male
<b>Enter FAHED's cell phone number</b>	3108775033
<b>Enter FAHED's home phone number</b>	3108775033
<b>Enter FAHED's email address</b>	freddy@thefoxxfirm.com
<b>What language is best to write to FAHED?</b>	English
<b>In what language should we speak to FAHED?</b>	English
<b>Does FAHED need future communications sent in an alternative format?</b>	N
<b>Select all household members who are U.S. citizens or U.S. nationals.</b>	Y
<b>Select all household members who are currently enrolled in Medicare.</b>	N
<b>Select any household members who are an American Indian or Alaska Native.</b>	N
<b>Select all household members who are applying for health care.</b>	Y

<b>Select any household members who were in foster care in any state on their 18th birthday or later.</b>	N
<b>What is FAHED`s race? (Select all that apply)</b>	Other
<b>What is FAHED`s gender?</b>	Male
<b>What sex was listed on FAHED`s original birth certificate?</b>	Male
<b>Does FAHED think of themself as:</b>	Straight or heterosexual
<b>Does FAHED live outside of the United States?</b>	No
<b>First Name</b>	MIA
<b>Last Name</b>	SAYEGH
<b>Date of Birth (mm/dd/yyyy)</b>	01/13/XXXX
<b>What is MIA`s marital status?</b>	Single
<b>What is MIA`s sex</b>	Female
<b>Enter MIA`s cell phone number</b>	3103848404
<b>Enter MIA`s email address</b>	nuha@gmail.com
<b>What language is best to write to MIA?</b>	English
<b>In what language should we speak to MIA?</b>	English
<b>Select all household members who are U.S. citizens or U.S. nationals.</b>	Y
<b>Select all household members who are currently enrolled in Medicare.</b>	N
<b>Select any household members who are an American Indian or Alaska Native.</b>	N
<b>Select all household members who are applying for health care.</b>	Y
<b>Select any household members who were in foster care in any state on their 18th birthday or later.</b>	N
<b>What is MIA`s race? (Select all that apply)</b>	Other
<b>Does MIA live outside of the United States?</b>	No
<b>First Name</b>	Jordan
<b>Middle Name</b>	Talib
<b>Last Name</b>	Sayegh

<b>Date of Birth (mm/dd/yyyy)</b>	02/07/XXXX
<b>What is Jordan's marital status?</b>	Single
<b>What is Jordan's sex</b>	Male
<b>Enter Jordan's cell phone number</b>	3103848404
<b>What language is best to write to Jordan?</b>	English
<b>In what language should we speak to Jordan?</b>	English
<b>Select all household members who are U.S. citizens or U.S. nationals.</b>	Y
<b>Select all household members who are currently enrolled in Medicare.</b>	N
<b>Select any household members who are an American Indian or Alaska Native.</b>	N
<b>Select all household members who are applying for health care.</b>	Y
<b>Select any household members who were in foster care in any state on their 18th birthday or later.</b>	N
<b>What is Jordan's race? (Select all that apply)</b>	Other
<b>Does Jordan live outside of the United States?</b>	No
<b>MIA-Jordan</b>	Brother/Sister
<b>Jordan-MIA</b>	Brother/Sister
<b>FAHED-Jordan</b>	Parent
<b>Jordan-FAHED</b>	Son/Daughter
<b>FAHED-MIA</b>	Parent
<b>MIA-FAHED</b>	Son/Daughter
<b>Did you or someone in your household lose health coverage because of a strike or lockout?</b>	No

### Tax Info

<b>Who is the Primary Tax Filer for your household?</b>	FAHED SAYEGH
<b>What will FAHED's tax filing status be in 2026?</b>	Head of Household
<b>Select all household members who plan to file taxes in 2026</b>	FAHED SAYEGH

**Select all household members you expect will be required to file taxes in 2026.** FAHED SAYEGH

**Select all household members you expect will be claimed as a dependent on another person's tax return.** MIA SAYEGH, Jordan Sayegh

## Health Care

**Is FAHED currently enrolled in any of the following health care programs?** None of the Above

**Does FAHED have an offer of health coverage through a job, their family's job, or other source? This does not include COBRA and Retiree health plan(s).** N

**Has FAHED ever gotten a service from the Indian Health Service, a tribal health program, or an urban Indian health program or through a referral from one of these programs?** N

**Would FAHED like help paying for medical expenses from the last 3 months?** N

**Does FAHED need help with Long-Term Care or Home and Community-Based Services?** N

**Does FAHED have a physical, mental, emotional, or developmental disability?** N

**Is FAHED involved in a lawsuit because of injury or accident?** N

**Is MIA currently enrolled in any of the following health care programs?** None of the Above

**Does MIA have an offer of health coverage through a job, their family's job, or other source? This does not include COBRA and Retiree health plan(s).** N

**Has MIA ever gotten a service from the Indian Health Service, a tribal health program, or an urban Indian health program or through a referral from one of these programs?** N

**Would MIA like help paying for medical expenses from the last 3 months?** N

**Does MIA need help with Long-Term Care or Home and Community-Based Services?** N

**Does MIA have a physical, mental, emotional, or developmental disability?** N

<b>Is MIA involved in a lawsuit because of injury or accident?</b>	N
<b>Is Jordan currently enrolled in any of the following health care programs?</b>	None of the Above
<b>Does Jordan have an offer of health coverage through a job, their family's job, or other source? This does not include COBRA and Retiree health plan(s).</b>	N
<b>Has Jordan ever gotten a service from the Indian Health Service, a tribal health program, or an urban Indian health program or through a referral from one of these programs?</b>	N
<b>Would Jordan like help paying for medical expenses from the last 3 months?</b>	N
<b>Does Jordan need help with Long-Term Care or Home and Community-Based Services?</b>	N
<b>Does Jordan have a physical, mental, emotional, or developmental disability?</b>	N
<b>Is Jordan involved in a lawsuit because of injury or accident?</b>	N

## Income

<b>Income Type</b>	Work
<b>Income amount (before taxes)</b>	63500.00
<b>How often does FAHED get this income?</b>	Yearly
<b>Effective Dates</b>	06/20/2023 - present
<b>Income Type</b>	Work
<b>Income amount (before taxes)</b>	78000.00
<b>How often does FAHED get this income?</b>	Yearly
<b>Effective Dates</b>	01/01/2022 - 12/31/2022
<b>Income Type</b>	Work
<b>Income amount (before taxes)</b>	3466.80
<b>How often does FAHED get this income?</b>	Every 2 weeks
<b>Effective Dates</b>	01/01/2019 - 12/31/2021

<b>Projected Annual Income</b>	63500.00
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## Citizenship

**Does FAHED have a Social Security number (SSN)?** Y

**Has FAHED ever served in the United States military?** N

**Has FAHED's spouse or parent ever served in the United States military?** N

**Enter FAHED's Social Security number (SSN).** XXXXX2774

**Does MIA have a Social Security number (SSN)?** Y

**Has MIA ever served in the United States military?** N

**Has MIA's spouse or parent ever served in the United States military?** N

**Enter MIA's Social Security number (SSN).** XXXXX9394

**Does Jordan have a Social Security number (SSN)?** Y

**Has Jordan ever served in the United States military?** N

**Has Jordan's spouse or parent ever served in the United States military?** N

**Enter Jordan's Social Security number (SSN).** XXXXX7520

## Application Signature

### Maintaining Your Verification

I understand that the Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later.

Maintain My Consent for:  
5 Years

I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

Read and Sign

I am signing this application under penalty of perjury under California state law.

This means that I have understood the questions on this application and provided true and correct answers to all questions to the best of my knowledge.

This means that if I am not truthful, there may be a penalty (under California Penal Code Section 126, perjury is punishable by imprisonment for up to four years)

I know that my information on this application will only be used to determine my eligibility for health insurance and will be kept private as required by law.

I know that I must tell the (Co-Brand Application Name) if anything changes from (and is different than) what I have provided on this application.

Signed By

FAHED SAYEGH