



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)	XXXXXX2774
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

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

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

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

Tax Info

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

Is MIA involved in a lawsuit because of injury or accident?	N
Is Jordan currently enrolled in any of the following health care programs?	None of the Above
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).	N
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?	N
Would Jordan like help paying for medical expenses from the last 3 months?	N
Does Jordan need help with Long-Term Care or Home and Community-Based Services?	N
Does Jordan have a physical, mental, emotional, or developmental disability?	N
Is Jordan involved in a lawsuit because of injury or accident?	N

Income

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

Projected Annual Income 63500.00

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