



Start Application

How did you hear about Covered California?	Family / Friend (Word of Mouth)
Application date	04/11/2024
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?	Heqing Huang
First Name	Heqing
Last Name	Huang
Date of Birth (mm/dd/yyyy)	07/19/XXXX
Enter Heqing`s Social Security number (SSN)	XXXXXX0404
How do you want us to contact you?	Mail
Enter Heqing`s cell phone number	5105209954
Enter Heqing`s email address	hhqhuang123@gmail.com
Street address	2251 Pimmit Dr
Apt. or suite number Optional	Apt 717
City	Falls Church
ZIP Code	22043
Select State	VA
Street address	2251 Pimmit Dr

Apt. or suite number Optional	Apt 717
City	Falls Church
ZIP Code	22043
Select State	VA
In what language should we write to Heqing?	Traditional Chinese character
In what language should we speak to Heqing?	Mandarin
Does Heqing need future communications sent in an alternative format?	N
First Name	Heqing
Last Name	Huang
Date of Birth (mm/dd/yyyy)	07/19/XXXX
Is Heqing attending school full-time?	Y
What is Heqing`s marital status?	Never Married
What is Heqing`s sex	Male
Enter Heqing`s cell phone number	5105209954
Enter Heqing`s email address	hhqhuang123@gmail.com
In what language should we write to Heqing?	Traditional Chinese character
In what language should we speak to Heqing?	Mandarin
Does Heqing 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 Heqing`s race? (Select all that apply)	Chinese
Does Heqing live outside of the United States?	No

Have any of the following events happened to anyone in your household in the last 60 days or is anyone a federally recognized American Indian or Alaska Native?

None of the above (Continue to review my application for Medi-Cal or MCAP)

Tax Info

Who is the Primary Tax Filer for your household?

Heqing Huang

What will Heqing's tax filing status be in 2025?

Single

Select all household members who plan to file taxes in 2025

Heqing Huang

Select all household members you expect will be required to file taxes in 2025.

Heqing Huang

Select all household members you expect will be claimed as a dependent on another person's tax return.

Health Care

Is Heqing currently enrolled in any of the following health care programs?

None of the Above

Does Heqing 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 Heqing 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 Heqing like help paying for medical expenses from the last 3 months?

N

Does Heqing need help with Long-Term Care or Home and Community-Based Services?

N

Does Heqing have a physical, mental, emotional, or developmental disability?

N

Is Heqing involved in a lawsuit because of injury or accident?

N

Income

Income Type

Work

Income amount (before taxes)	7435.00
How often does Heqing get this income?	Yearly
Income Type	Work
Income amount (before taxes)	175000.00
How often does Heqing get this income?	Yearly

Citizenship

Does Heqing have a Social Security number (SSN)?	Y
Has Heqing ever served in the United States military?	N
Has Heqing`s spouse or parent ever served in the United States military?	N
Enter Heqing`s Social Security number (SSN).	XXXXX0404

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

Heqing Huang