

Step 2. Person 2

Complete Step 2 for your spouse or partner and children who live with you and anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

First name, middle name, last name, and suffix		Relationship to you?
Date of birth (mm/dd/yyyy)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (SSN)

We need your SSN if you want health coverage and have a SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process.

☐ Yes ☐ No Does *Person 2* live at the same address as you? **If no**, list address:

Does *Person 2* plan to file a federal income tax return THIS YEAR?

(You can still apply for health insurance even if you don't file a federal income tax return.)

☐ Yes. **If yes**, please answer questions 1-3. ☐ No. **If no**, skip to question 3.

☐ Yes ☐ No 1. Will *Person 2* file jointly with a spouse?

If yes, name of spouse:

☐ Yes ☐ No 2. Will *Person 2* claim any dependents on *Person 2*'s tax return? **If yes**, list names of dependents:

☐ Yes ☐ No 3. Will *Person 2* be claimed as a dependent on someone's tax return? **If yes**, list the name of the tax filer:

How is *Person 2* related to the tax filer?

☐ Yes ☐ No Is *Person 2* pregnant? **If yes**, how many babies are expected during this pregnancy? What is the due date?

☐ Yes ☐ No Is *Person 2* currently incarcerated?

☐ Yes ☐ No Is *Person 2* currently assigned to a work release program? **If yes**, what is the start date?

Does *Person 2* need health coverage?

(Even if they have insurance, there might be a program with better coverage or lower costs.)

☐ Yes. **If yes**, answer all the questions below. ☐ No. **If no**, skip to the income questions on page 5. Leave the rest of this page blank.

☐ Yes ☐ No Does *Person 2* have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?

☐ Yes ☐ No Is *Person 2* a U.S. citizen or U.S. national?

☐ Yes ☐ No If *Person 2* isn't a U.S. citizen or U.S. national, does *Person 2* have eligible immigration status? **If yes**, fill in their document type and ID number below.

Document type: _____ Document ID number: _____

☐ Yes ☐ No Has *Person 2* lived in the U.S. since before August 22, 1996?

☐ Yes ☐ No Is *Person 2* or their spouse or parent an honorably discharged veteran or an active-duty member in the U.S. military?

☐ Yes ☐ No Is *Person 2* a resident of Iowa?

☐ Yes ☐ No Does *Person 2* need help paying for medical bills from the last three calendar months? If you answer yes and this person falls into a category that allows for retroactive approval, we will determine if this person is eligible for coverage during those months.

☐ Yes ☐ No Is *Person 2* an adult who is a main person taking care of a child under the age of 19 living in the home?

☐ Yes ☐ No Was *Person 2* in foster care at age 18 or older?

☐ Yes ☐ No If *Person 2* is under age 19, do you want help with child support?

Please answer the following questions if *Person 2* is 22 or younger:

☐ Yes ☐ No Did *Person 2* have insurance through a job and lose it within the past three months?

If yes, end date: _____ Reason insurance ended: _____

☐ Yes ☐ No Is *Person 2* a full-time student?

The following ethnicity and race questions are optional. Check all that apply.

If Hispanic or Latino, ethnicity:

- ☐ Mexican
☐ Mexican American
☐ Chicano/a
☐ Puerto Rican
☐ Cuban
☐ Other: _____

Race:

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian

- ☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander
☐ Other: _____

Current Job and Income Information: You must tell us about the income of the people in your household. If someone has more than one job, tell us about all jobs. If you leave a space blank, we will assume that you have no income of this kind.

- ☐ **Employed.** If you're currently employed, tell us about your income. Start with **Current Job 1**.
☐ **Not employed.** Skip to the **Other Income This Month** section.
☐ **Self-employed.** Skip to the **Self-Employment** section.

Current Job 1:

Employer name and address				Employer phone number
Wages and tips (before taxes) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Twice a month	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Yearly	Average hours worked each month:

Current Job 2: If you have more jobs and need more space, attach another sheet of paper.

Employer name and address				Employer phone number
Wages and tips (before taxes) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Twice a month	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Yearly	Average hours worked each month:

Will the amount of money from jobs stay about the same? ☐ Yes ☐ No

If no, explain: _____

In the past three months, did *Person 2*:

- ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

Self-Employment: If self-employed, answer the following questions.

Type of work _____

How much net income (profits once business expenses are paid) will you get from this self-employment this month? \$ _____

Will the amount of monthly income from self-employment stay about the same? ☐ Yes ☐ No

If no, how much do you expect to average over a 12 month period? \$ _____

Other Income This Month: Check all that apply, and give the amount and how often you get it. **NOTE:** You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

<input type="checkbox"/> None		How often?		<input type="checkbox"/> Alimony received	\$ _____	How often?	
<input type="checkbox"/> Unemployment	\$ _____			<input type="checkbox"/> Net farming/fishing	\$ _____		
<input type="checkbox"/> Pensions	\$ _____			<input type="checkbox"/> Net rental/royalty	\$ _____		
<input type="checkbox"/> Social Security	\$ _____			<input type="checkbox"/> Other income	\$ _____		
<input type="checkbox"/> Retirement accounts	\$ _____			Type _____			

Will the amount of money from other income stay about the same? ☐ Yes ☐ No

If no, explain: _____

Deductions: If *Person 2* pays for certain things that can be deducted on a federal income tax return, check all that apply and give the amount and how often *Person 2* pays. This information can be found on the Adjusted Gross Income section of *Person 2*'s Federal 1040 form. **NOTE:** You shouldn't include a cost that you already considered in your answer to net self-employment.

<input type="checkbox"/> Alimony paid	\$ _____	How often?		<input type="checkbox"/> Other deductions	\$ _____	How often?	
<input type="checkbox"/> Student loan interest	\$ _____			Type _____			