



CHCP Subsidy Application – Section 4 Guide for Santa Cruz County

CHCP Application for Health Coverage: Complete the CHCP Application for Subsidy as usual and use **Section 4 (other)** to explain the impact of the costal storms.

TOTAL INCOME	\$ annual income *	\$	\$
<p>REQUIRED: To determine eligibility, you must attach copies of the most current proof of income for the items you included in the table above. Examples include:</p> <ul style="list-style-type: none">• Pay stubs• Award letters for Social Security or unemployment benefits• W-2 from current employer• Letter from employer <p>If there is no proof of income, check this box and fill in the blank with monthly household income:</p> <p><input type="checkbox"/> I attest to no proof of income and a monthly household income of \$ _____.</p> <p>We will calculate your total yearly household income by adding up the amounts shown in your submitted proof of income documents, and subtracting your deductions (if any). If you submitted your 1040 tax form, no other proof of income is required. If your proof of income documents don't match the yearly gross income in the table above, please explain any special circumstances that we should consider when we are reviewing your income documents.</p> <p><input type="checkbox"/> Only myself/my spouse works <input type="checkbox"/> Hours have been cut or are not consistent <input type="checkbox"/> I do not work <input type="checkbox"/> Self employed</p> <p><input type="checkbox"/> Recent job change <input type="checkbox"/> Seasonal (please explain) <u>ie. Impacted by Santa Cruz county coastal storms</u></p> <p><input checked="" type="checkbox"/> Other (please explain) <u>ie. if income documentation is unavailable, check the box attesting to no proof of income, and explain impacts by storms.</u></p>			

*Indicates a required field

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Visit kp.org for [updates and resources](#) available to Southern California Kaiser Permanente members impacted by the wildfires.