

STEP 1: Tell us about yourself

The person who files a federal income tax return in your household should be the contact person for this application, and is known as "Person 1" throughout this application. If you're applying for an exemption for a child, we need an adult who claims the child on his or her federal income tax return to fill out and sign this application, even if the adult doesn't need the exemption.

Use your legal name.



1. First name James	Middle name Warren	Last name Fisher	Suffix
2. Home address (Leave blank if you don't have one) 1292 E Brittney Ave		3. Apartment or suite number	
4. City Coeur d'Alene	5. State ID	6. ZIP code 83815	7. County, parish, or township Kootenai
8. Mailing address <input checked="" type="checkbox"/> (Select if same as home address) 1292 E Brittney Ave			9. Apartment or suite number
10. City Coeur d'Alene	11. State ID	12. ZIP code 83815	13. County, parish, or township Kootenai

Please provide a phone number so we can contact you if necessary. We won't use your number for anything else.

14. Phone number (###-###-####) (208) 765-6589	Best time to call: <input type="checkbox"/> Morning <input checked="" type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	15. Other phone number (###-###-####)	Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
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16. Do you want to get information by email from the Marketplace?..... ☐ Yes ☒ No

Email address: _____

17a. What is your preferred spoken language? English	17b. What is your preferred written language? English
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Optional: (Select all that apply)	18. If Hispanic/Latino, ethnicity: <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chicano/a <input type="checkbox"/> Cuban <input type="checkbox"/> Other
	19. Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other

STEP 2: Tell us about your tax household and the hardship events you experienced.

Who to include on this application:

- The adult who files a federal income tax return for this household should be listed as the first person in the table on the next page, and is known as "Person 1" throughout this application.
- A spouse who's filing taxes jointly with you.
- Anyone that Person 1 claims as a dependent on his or her federal income tax return.

Who NOT to include on your application:

- A spouse who files taxes separately from you. Spouses who file separately need to fill out a separate exemption application for themselves and include every person they claim on their tax return.
- Anyone who lives with you but isn't listed or won't be listed on your tax return in the year(s) that you want this exemption.



STEP 2: Tell us about your tax household and the hardship events you experienced.



For each person you include on your federal income tax return, list their relationship to Person 1, the name, date of birth, SSN, and sex, and whether they want an exemption. List a spouse only if you would file a **joint return**, not if you are "married, filing separately." If anyone needs this exemption from the tax penalty for not having coverage, or to purchase catastrophic coverage, select YES for each person who wants the exemption. The person in line 1 below, Person 1, must be the person who files a federal income tax return for your household, even if the person doesn't need an exemption. **You must give your Social Security Number (SSN) if you have one.** In the table below include the SSN for anyone requesting an exemption who has a SSN. If you or a member of your tax household doesn't have a SSN, you or they can still qualify for an exemption. We use SSNs to match exemptions with the right tax returns. If you or someone wants help getting a SSN, visit [socialsecurity.gov](https://www.socialsecurity.gov) or call 1-800-772-1213 (TTY: 1-800-325-0778).

#	Relationship to Person 1 (spouse or dependent)	First Name	MI	Last Name	Date of Birth (mm/dd/yyyy)	Social Security Number (###-##-####)	Sex	Want exemption?
1	Self	James	W	Fisher	12/03/1948		M	Y
2								
3								
4								
5								
6								
7								

Select the type of hardship(s) you're applying for below. Note the date the hardship started, when it will end, or if it's ongoing. Then select each person in your tax household that has experienced that hardship type, if everyone in your household has experienced that hardship type, select all. Each person needs only one exemption for any given time period. You may apply for more than one hardship if the hardship events were at different times during the year.

Type of hardship (Select all that apply)	Tax year for which you need this exemption	Date hardship started (mm/dd/yyyy) (Note: Your hardship can't start on a date in the future)	Date hardship ended or will end? (mm/dd/yyyy)	Check if ongoing
<input type="checkbox"/> 1. Homeless				<input type="checkbox"/>
<input type="checkbox"/> 2. Eviction/foreclosure				<input type="checkbox"/>
<input type="checkbox"/> 3. Shut-off notice				<input type="checkbox"/>
<input type="checkbox"/> 4. Domestic violence				<input type="checkbox"/>



STEP 2: Tell us about your tax household and the hardship events you experienced.

Type of hardship (Select all that apply)	Tax year for which you need this exemption	Date hardship started (mm/dd/yyyy) (Note: Your hardship can't start on a date in the future)	Date hardship ended or will end? (mm/dd/yyyy)	Check if ongoing
<input type="checkbox"/> 5. Death of family member				<input type="checkbox"/>
<input type="checkbox"/> 6. Disaster				<input type="checkbox"/>
<input type="checkbox"/> 7. Bankruptcy				<input type="checkbox"/>
<input type="checkbox"/> 8. Medical expenses				<input type="checkbox"/>
<input type="checkbox"/> 9. Increase in expenses to care for family member				<input type="checkbox"/>
<input type="checkbox"/> 10. Medical support for child				<input type="checkbox"/>
<input type="checkbox"/> 11. Eligibility appeals decision				<input type="checkbox"/>
<input type="checkbox"/> 12. Ineligible for Medicaid				<input type="checkbox"/>
<input type="checkbox"/> 13. Cancellation of individual coverage				<input type="checkbox"/>
<input checked="" type="checkbox"/> 14. You experienced another hardship	2017	01/01/2017		<input checked="" type="checkbox"/>
Select the names of each person who has this hardship reason. <input type="text"/> Select all				

James W. Fisher

Explain how this hardship prevented you and/or others in your household from getting health insurance in the space below. If you run out of room continue your explanation on a blank piece of paper and attach it to your application.

I don't want to pay for health care.