

## **Healthy San Francisco Tax Form Guide**

Use this guide to select the appropriate One-e-App income type from the income type drop-down box in One-e-App for applicants with a recent tax return as their proof of income. Enter each value listed on the reference line for the specific tax return. Note: some applicants may have more than one type of income listed on their tax return and each type must be entered separately into One-e-App.

HSF Countable Income	One-e-App Income Type	Tax Return Type	Reference Line*
		1040	7
		1040A	7
Earning from Job	Earning from Job	1040EZ	1
Self Employment Earnings	Self Employment	1040 with Schedule C	Line 12 on 1040, plus lines 24b and line 13 from Schedule C (meals and entertainment expenses and depreciation)
		1040 with Schedule B**	8a
Interest Income		1040A with Schedule B**	8a
(Taxable interest only)	Interest Income	1040EZ	2
		1040 with Schedule B**	9a
Dividends Income	Other Income	1040A with Schedule B**	9a
Tax Refund			
(Taxable portion only)	Other Income	1040	10
		1040	15b
I.R.A. Distributions	Other Income	1040A	11b
		1040	16b
Pensions	Pensions	1040A	12b
		1040	16b
Insurance Annuity	Insurance Annuity	1040A	12b
		1010 11 01 11 5	Line 3 on Schedule E less lines
Rental Income	Rental Income	1040 with Schedule E	7,9,12,13,14,16, and 17 on Schedule E
		1040	19
		1040A	13
Unemployment Compensation	Unemployment Compensation	1040EZ	3
		1040	20b
Social Security	Social Security Retirement	1040A	14b
Retirement Survivors Disability		1040	20b
Insurance	Retirement Survivors Disability Insurance	1040A	14b
		10.1071	
Trust Income	Other Income	1040 with Schedule E	17
Alimony	Alimony	1040	11
Farm Income	Other Income	1040 with Schedule F	18
Capital Gains		1040 with Schedule D	13
(If its negative, count as zero)	Other Income	1040A with Schedule D	10
Other Taxable Income (ex. Gambling, prize winning)	Other Income	1040	21
Self Employment Partnership	Self Employment Partnership	1040 with Schedule E	17

<sup>\*</sup>All reference lines refer to tax form 1040, 1040A, or 1040 EZ, unless stated otherwise

<sup>\*\*</sup>Schedule B is only required if the dividends or interest income reported exceeds \$1,500.



## **Healthy San Francisco Acceptable Verification Documents List**

ur Health Access Program  Identity	Citizenship/U.S. Residency	S.F. Residency	Countable Income	Countable Assets <sup>5</sup>
•	•	•	Job Earnings <sup>2</sup>	Cash
U.S. Passport	U.S. Passport	CA Driver's	Paystub	<ul><li>Self-Declaration</li></ul>
		License/ID	■ Tax Return: 1040/1040A/1040EZ	
Certificate of U.S.	Certificate of U.S. Citizenship	Rental/Lease	<ul><li>Signed Employer Letter</li></ul>	
Citizenship		Agreement	Affidavit of Income	01 11 77
Certificate of	Certificate of Naturalization	Rental Payment	Self-Employment Earnings <sup>3</sup> • Signed Profit and Loss Statement	Checking/Money Market/Savings Acct
Naturalization		Receipt	Tax Return: 1040 w/Schedule C	<ul> <li>Bank Statement</li> </ul>
CA Driver's License/ID	U.S. Birth Certificate/ U.S. Public	Property Tax Bill	Tax riotain. To to the constant	<ul> <li>Bank Letter</li> </ul>
	Birth Record			
U.S. State/Territory ID	U.S. Citizen Card 1-197	DMV Registration	Taxable Government Benefits	Stocks/Mutual Funds
•		Ç	(Disability, Unemployment, Social	■ Brokerage Statement
U.S. Merchant Mariner	Certificate of Birth Abroad	Paystub	Security, RSDI, Veteran's Benefits)  • Award Letter	with market value  Mutual Fund
Card		-	Bank Stmt w/Direct Deposit	Statement w/
			<ul> <li>Benefits Check/Stmt/Stub</li> </ul>	market value
			■ Tax Return: 1040/1040A/1040EZ	
Military Record/Draft	Certification of Birth Issued by	Electronic	Rental Income <sup>2</sup>	CD
Record	Dept of State	Verification <sup>4</sup>	<ul> <li>Tax Return: 1040 w/Schedule E Rental Income Worksheet</li> </ul>	<ul><li>CD Certificate</li><li>Bank Statement</li></ul>
	D ( ( D) ( ) ( ) ( ) ( )	5 10 4	Self-Employment Partnership	Bonds
Military Dependant's ID	Report of Birth Abroad by U.S.	Bank Statement	Earnings <sup>2</sup>	<ul><li>Copy of Bond</li></ul>
Card	Citizen		Tax Return: w/ Schedule E	<ul> <li>Bank Statement</li> </ul>
Certificate of Indian	American Indian Card	SFUSD School	Alimony Received <sup>2</sup>	529 Education
Blood		Registration	Copies of Checks Received     Copies of Checks Received	Savings Plan
			<ul> <li>Bank Stmt w/Direct Deposit</li> <li>Tax Return: 1040</li> </ul>	(Cashed out amounts only)
American Indian Tribal	Adoption Decree with U.S.	Utility Bill	Tax Netum. 1040	Offiy)
Document	Place of Birth	·		
Alaska Nation Tollas	Friday 4 Dr. 4070 Oid	0	Interest Income <sup>2</sup>	
Alaska Native Tribal	Evidence of Pre-1976 Civil	General Assistance	Tax Return: 1040/1040A/1040EZ	
Document	Service Employment	Stmt	(w/Schedule B, if filed)	
Law Enforcement/	U.S. Military Record with U.S.	SSI Award Letter	Insurance Annuity Income <sup>2</sup>	
Corrections ID	Place of Birth		Bank Stmt w/Direct Deposit     Acceptable Acceptable	
			Tax Return: 1040/1040A  Trust Income <sup>2</sup>	
Law Enforcement/	Electronic Verification of Birth	Unemployment	Tax Return: 1040 w/Schedule E	
Corrections Verified ID	Record Information <sup>1</sup>	Benefits Stmt	Bank Stmt w/Direct Deposit	
Affidavit of Good Faith	Life, Health, Insurance Record	Pension Check/Stmt	Pensions/401K Income	
Effort <sup>1</sup>	with US Birth Place <sup>1</sup>		Tax Return: 1040, 1040A	
		0 1 10 1	<ul> <li>Bank Stmt w/Direct Deposit</li> <li>IRA Distributions<sup>2</sup></li> </ul>	
H.S.A. Verified ID in	Seneca Tribal Census Record <sup>1</sup>	Social Security	Tax Return: 1040, 1040A	
CalWin <sup>1</sup>		Award Letter	<ul> <li>Bank Stmt w/Direct Deposit</li> </ul>	
Temporary Resident	Admission Papers from Nursing,	Affidavit of Support	Workers Compensation	
Card	Care Facility, Institution w/U.S.	with 3 <sup>rd</sup> Party Proof	Award Letter	
	Citizenship/U.S. Birth Place <sup>1</sup>	of S.F. Residency	<ul><li>Bank Stmt w/Direct Deposit</li><li>Benefits Check/Stmt/Stub</li></ul>	
Student Picture ID	HSA Verified Citizenship in	S.F. City ID Card	Capital Gains Income <sup>2</sup>	
Student Picture ID		S.F. City ID Cald	<ul> <li>Tax Return: 1040, 1040A</li> </ul>	
	CalWin Eligibility File <sup>1</sup>		w/Schedule D	
S.F. City ID Card	Medical Record w/U.S. Birth	Residential Program	Farm Income <sup>2</sup>	
	Place <sup>1</sup>	Letter	■ Tax Return: 1040 w/Schedule F	
Consular ID	SSA Verified Place of Birth <sup>1</sup>	Disability Stmt	Other Taxable Income <sup>2</sup>	
			Tax Return 1040	
Foreign ID	Amended II C Dinta Da 11	Colf Deals	Tax Refund <sup>2</sup>	
Foreign ID	Amended U.S. Birth Record <sup>1</sup>	Self-Declaration	Tax Return: 1040	
011 0 :-		(Homeless Only)	Financial Support from 3 <sup>rd</sup> Party	
Other Government ID	Statement Signed by Physician		<ul> <li>Affidavit of Support form/letter</li> </ul>	
	Midwife in Attendance at Birth <sup>1</sup>		Dividend Income <sup>2</sup>	
Credit Card Picture ID	U.S. State Vital Statistics Official		Tax Return: 1040, 1040A	
	Notification <sup>2</sup>		(w/Schedule B, if filed)	
Employment Auth	Extract of U.S. Hospital Record			NON-COUNTABLE
w/Photo ID	Established at Birth <sup>1</sup>		NON-COUNTABLE INCOME	ASSETS
	Bureau of Indian Affairs Tribal		Child Support Income	Life Insurance
Foreign Driver's			No docs required	No docs required
License/ID	Census Rec of Navaho Indians <sup>1</sup>		Public Assistance <sup>3</sup>	Retirement/Pension
Affidavit of Identity	Federal/State Census Record w/		Award Letter	Account Balances
	U.S. Citizenship/U.S. Birth		Benefits Stmt/Stub	401K/IRA/Annuity
	Place <sup>1</sup>		<ul> <li>Electronic Verification<sup>4</sup></li> </ul>	Retirement/Annuity
				Statement
DPH Short Form Intake	Affidavit of Good Faith Effort		Financial Aid/Scholarship	Property/Autos
			<ul><li>Student ID</li></ul>	No docs required
1. Must have been created at least 5 years before the application date; value only selectable by H			HSF Administration	

- 1. Must have been created at least 5 years before the application date; value only selectable by HSF Administration
- 2. Taxable portion only
- 3. County, State and Federal Public Assistance, including CalWORKS, SSI/SSP, General Assistance (GA), Supplemental Security Income Pending (SSIP), Cash Assistance Linked to Medi-Cal (CALM), Personal Assisted Employment Services (PAES), 1931(b) Medi-Cal Only, Aid to Adoption Payments (AAP), Refugee Cash Assistance (RCA), Foster Care Income, 20% Social Security Increase (Pickle)
- 4. Cal-WIN, Client Index, MEDS
- 5. Countable assets are liquid assets which are counted toward the applicant's calculated Federal Poverty Level (FPL). The balance of the liquid asset, (less 2K for individuals, 3K for a family of two and an addition \$150 per additional family member) is divided by 12 to obtain a gross monthly asset figure, which is added to the applicant's gross monthly countable income.