EF-267-H-A-R01-0611-07000343-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-

NAME(S) OF OCCUPANTS				
f more than one person is residing in a unit, do you consider yourselves a family? Yes Yes Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha				
more than one person is residing in a unit, do you consider yourselves a family? Yes NO, report on line 1 below the number of persons in your family. Each non-family member. Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha				
f more than one person is residing in a unit, do you consider yourselves a family? Yes Yes Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	NUMBED OF DEDCONS IN			
f NO , report on line 1 below the number of persons in your family. Each non-family member Number of persons in family household: LI certify (or declare) under penalty of perjury under the laws of the State of California tha	MBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT		
NO, report on line 1 below the number of persons in your family. Each non-family member. Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	1	\$105,500		
NO, report on line 1 below the number of persons in your family. Each non-family member. Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	2	\$120,550		
NO, report on line 1 below the number of persons in your family. Each non-family member. Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	3	\$135,650		
NO, report on line 1 below the number of persons in your family. Each non-family member Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	4	\$150,700		
NO, report on line 1 below the number of persons in your family. Each non-family member Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	5	\$162,750		
NO, report on line 1 below the number of persons in your family. Each non-family member Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	6	\$174,800		
NO, report on line 1 below the number of persons in your family. Each non-family member. Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	7	\$186,850		
NO, report on line 1 below the number of persons in your family. Each non-family member Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha	8	\$198,900		
NO, report on line 1 below the number of persons in your family. Each non-family member. Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha				
Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of California tha				
I certify (or declare) under penalty of perjury under the laws of the State of California tha	er must complete a separate	e statement.		
. I certify (or declare) under penalty of perjury under the laws of the State of California tha year did not exceed \$ (Enter the amount of the income limit shown for				
. (Enter the amount of the mount of the mount of	at the family household inc	ome for the prior calend		
	r are manneer or percent in t	and ranning meadernerally		
AME TITLE		DATE		

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

