EF-267-H-A-R01-0611-27000593-1 BOE-267-H-A (P1) REV. 01 (06-11)

## **ELDERLY OR HANDICAPPED FAMILIES** FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

Promptly complete, sign and return this statement to the manager of the organization that provides the housing so the organization will have to complete the form that must be filed with the Assessor.		
ADDRESS OR UNIT NUMBER  (NO P. O. BOX NUMBERS)		
NAME(S) OF OCCUPANTS	NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
	1	\$58,050
	2	\$66,300
	3	\$74,600
	4	\$82,900
	5	\$89,550
	6	\$96,150
	7	\$102,800
	8	\$109,450
more than one person is residing in a unit, do you consider yourselves a find the number of persons in your family. Each not number of persons in family household:  I certify (or declare) under penalty of perjury under the laws of the State year did not exceed \$ (Enter the amount of the income.)	n-family member must complete a separat	come for the prior calen

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

