EF-267-H-A-R01-0611-29000765-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Rolf D. Kleinhans **Nevada County Assessor**

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

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

income elderly or handicapped families can qualify for the welfare exemption from property taxes for those units whose family household income does not exceed the limits stated here. Promptly complete, sign and return this statement to the manager of the organization that provides the housing so the organization will have time 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	\$61,750			
	2	\$70,550			
	3	\$79,400			
	4	\$88,200			
	5	\$95,250			
	6	\$102,350			
	7	\$109,350			
	8	\$116,400			
If more than one person is residing in a unit, do you consider yourselves a family?					
If NO, report on line 1 below the number of persons in your family. Each non-family	member must complete a separat	te statement.			
Number of persons in family household:					
2. I certify (or declare) under penalty of perjury under the laws of the State of Cali year did not exceed \$ (Enter the amount of the income limit s					
	·				
NAME	TITLE	DATE			
SIGNATURE					

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

