EF-267-H-A-R01-0611-39000536-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemptions: (209) 468-2646 https://www.sjgov.org/department/assessor

Promptly complete, sign and return this statement to the manager of the organization that provides the housing so the organization will have ti 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	\$60,000
	2	\$68,550
	3	\$77,150
	4	\$85,700
	5	\$92,550
	6	\$99,400
	7	\$106,250
	8	\$113,100
MO, report on line 1 below 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 incompared to the state of the st	non-family member must complete a separate	come for the prior calen

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

