EF-267-H-A-R01-0611-45000575-1
BOE-267-H-A (P1) REV. 01 (06-11)

LESLIE MORGAN
ASSESSOR-RECORDER
1450 Court St., Suite 208A
Redding, CA 96001-1667
Tel: (530) 225-3636
Intra_County toll free: 1(800)479-8009

ELDERLY OR HANDICAPPED FAMILIES
FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET

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	$49,550
	2	$56,650
	3	$63,700
	4	$70,800
	5	$76,450
	6	$82,150
	7	$87,800
	8	$93,450

If more than one person is residing in a unit, do you consider yourselves a family? ☐ Yes ☐ No

If **NO**, report on line 1 below the number of persons in your family. Each non-family member must complete a separate statement.

1. Number of persons in family household: _____

2. I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year did not exceed $ _____. *(Enter the amount of the income limit shown for the number of persons in the family household.)*

NAME	TITLE	DATE

SIGNATURE ▶

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

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