EF-267-H-A-R01-0611-39000537-1 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 t 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	\$55,700
	2	\$63,650
	3	\$71,600
	4	\$79,550
	5	\$85,900
	6	\$92,300
	7	\$98,650
	8	\$105,000
more than one person is residing in a unit, do you consider yourselves a NO, report on line 1 below the number of persons in your family. Each no 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	on-family member must complete a separat	come for the prior calen

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

