EF-267-H-A-R01-0611-03000764-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



James B Rooney **Assessor of Amador County**

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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

ADDRESS OR UNIT NUMBER		
(NO P. O. BOX NUMBERS)		
	NUMBER OF PERSONS IN	
NAME(S) OF OCCUPANTS	FAMILY HOUSEHOLD	INCOME LIMIT
	1	\$58,150
	2	\$66,450
	3	\$74,750
	4	\$83,050
	5	\$89,700
	6	\$96,350
	7	\$103,000
	8	\$109,650
	Samila D. Van D. Na	
more than one person is residing in a unit, do you consider yourselves a f	•	
NO, report on line 1 below the number of persons in your family. Each not	n-family member must complete a separat	e statement.
. 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	e iirriit sriowri ior trie riurriber or persoris iir	
	e illilli shown for the number of persons ill	
	e illilli silowii ior the hamber of persons ill	
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. I certify (or declare) under penalty of perjury under the laws of the State year did not exceed \$ (Enter the amount of the income	e illilli silowii ior the hamber of persons ill	

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

