EF-267-H-A-R01-0611-17000193-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

Promptly complete, sign and return this statement to the manager of the organization to complete the form that must be filed with the Assessor. ADDRESS OR UNIT NUMBER (NO P. O. BOX NUMBERS)		organization will have time	
	R		
	ADDRESS OR UNIT NUMBER (NO P. O. BOX NUMBERS)		
NAME(S) OF OCCUPANTS	NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT	
	1	\$67,450	
	2	\$77,100	
	3	\$86,700	
	4	\$96,350	
	5	\$104,050	
	6	\$111,750	
	7	\$119,450	
	8	\$127,200	
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 me	Yes No	o statement	
Number of persons in family household:	ember must complete a separati	e statement.	
I certify (or declare) under penalty of perjury under the laws of the State of Californ year did not exceed \$ (Enter the amount of the income limit show			
NAME TITLE	Е	DATE	

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS