EF-267-H-A-R01-0611-20000768-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

INAME NUMBER OF PERSONS IN NUMBER OF PERSONS IN NUMBER OF PERSONS IN S48,650				
ADDRESS OR UNIT NUMBER (IND P. O. BOX NUMBERS) NUMBER OF PERSONS IN FAMILY HOUSEHOLD 1 \$48,650 2 \$55,600 3 \$62,550 4 \$69,500 5 \$75,050 6 \$80,600 7 \$86,200 8 \$91,750 If more than one person is residing in a unit, do you consider yourselves a family? Yes No If MO, 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: (Enter the amount of the income limit shown for the number of persons in the family household.)	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.			
NAME(S) OF OCCUPANTS NUMBER OF PERSONS IN PAMILY HOUSEHOLD 1	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.			
NAME(S) OF OCCUPANTS NUMBER OF PERSONS IN FAMILY HOUSEHOLD \$48,650 1				
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SAMILY HOUSEHOLD INCOME LIMIT		NUMBER OF PERSONS IN		
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	NAME	TITLE	DATE	
	SIGNATURE			

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

