EF-267-H-A-R01-0611-21000728-1 BOE-267-H-A (P1) REV. 01 (06-11)

## **ELDERLY OR HANDICAPPED FAMILIES** FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



## **RICHARD N. BENSON** Assessor-Recorder-County Clerk

COUNTY OF MARIN **EXEMPTIONS DIVISION** P.O. Box C Civic Center Branch San Rafael, CA 94913 (415) 473-3794 www.marincounty.gov

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)		
NAME(S) OF OCCUPANTS	NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
	1	\$86,500
	2	\$98,900
	3	\$111,250
	4	\$123,600
	5	\$133,500
	6	\$143,400
	7	\$153,250
	8	\$163,150
more than one person is residing in a unit, do you consider yourselves a family		
NO, report on line 1 below the number of persons in your family. Each non-fam	ily 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 of C year did not exceed \$ (Enter the amount of the income limit	alifornia that the family household inc	come for the prior calend
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NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

