EF-267-H-A-R01-0611-21000277-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 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)		
	1	\$125,650
	2	\$143,600
	3	\$161,550
	4	\$179,500
	5	\$193,850
	6	\$208,200
	7	\$222,600
	8	\$236,950
MO, report on line 1 below the number of persons in your family. Each non-factorise Number of persons in family household: I certify (or declare) under penalty of perjury under the laws of the State of year did not exceed \$ (Enter the amount of the income line)	amily member must complete a separate can be completed as separated. California that the family household income.	come for the prior cale
IAME	TITLE	DATE

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

