EF-267-H-A-R01-0611-31000681-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Matthew R. Maynard **Placer County Assessor**

Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

to complete the form that must be filed with the Assessor.		
ADDRESS OR UNIT NUMBER (NO P. O. BOX NUMBERS)		
NAME(S) OF OCCUPANTS	NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
	1	\$63,900
	2	\$73,050
	3	\$82,150
	4	\$91,300
	5	\$98,600
	6	\$105,900
	7	\$113,200
	8	\$120,500
more than one person is residing in a unit, do you consider yourselves a fan		
. 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 laws)		

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS