EF-267-H-A-R01-0611-31000199-1 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

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-

Promptly complete, sign and return this statement to the manager of the organization that provides the housing so the organization will have o 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	\$85,850
	2	\$98,100
	3	\$110,400
	4	\$122,650
	5	\$132,450
	6	\$142,250
	7	\$152,100
	8	\$161,900
more than one person is residing in a unit, do you consider yourselves a fan  NO, report on line 1 below the number of persons in your family. Each non-f  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)	amily member must complete a separate a sepa	come for the prior cale

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS