EF-267-H-A-R01-0611-50000288-1 BOE-267-H-A (P1) REV. 01 (06-11)

Stanislaus

Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET

| does not exceed the limits stated here. | | |
|--|---------------------------------------|--------------|
| 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. | | |
| ADDRESS OR UN (NO P. O. BOX N | | |
| | | |
| NAME(S) OF OCCUPANTS | NUMBER OF PERSONS IN FAMILY HOUSEHOLD | INCOME LIMIT |
| | 1 | \$67,450 |
| | 2 | \$77,100 |
| | 3 | \$86,700 |
| | 4 | \$96,350 |
| | 5 | \$104,050 |
| | 6 | \$111,750 |
| | 7 | \$119,450 |
| | 8 | \$127,200 |
| If more than one person is residing in a unit, do you consider yourselves a f If NO, report on line 1 below the number of persons in your family. Each not | | e statement. |
| Number of persons in family household: | | |
| I certify (or declare) under penalty of perjury under the laws of the State year did not exceed \$ (Enter the amount of the income.) | | |
| | | |
| NAME | TITLE | DATE |

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

