EF-267-H-A-R01-0611-54000738-1 BOE-267-H-A (P1) REV. 01 (06-11)

ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET



Tara K. Freitas County Assessor/Clerk-Recorder

221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

vation Codo providos that pr

| ADDRESS OR UNIT NUMBER (NO P. O. BOX NUMBERS) | | |
|--|--|-------------------------|
| | | |
| NAME(S) OF OCCUPANTS | NUMBER OF PERSONS IN FAMILY HOUSEHOLD | INCOME LIMIT |
| | 1 | \$48,650 |
| | 2 | \$55,600 |
| | 3 | \$62,550 |
| | 4 | \$69,500 |
| | 5 | \$75,050 |
| | 6 | \$80,600 |
| | 7 | \$86,200 |
| | 8 | \$91,750 |
| MO, report on line 1 below the number of persons in your family. Each nor 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 | n-family member must complete a separate of California that the family household inc | come for the prior cale |
| | | |

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS