EF-267-H-A-R01-0611-54000327-1 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	\$59,400
	2	\$67,900
	3	\$76,350
	4	\$84,850
	5	\$91,650
	6	\$98,450
	7	\$105,200
	8	\$112,000
MO, report on line 1 below the number of persons in your family. Each not 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 incon	on-family member must complete a separate to the separate of California that the family household income of California that the California	come for the prior cale

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS