EF-267-H-A-R01-0611-42000093-1 BOE-267-H-A (P1) REV. 01 (06-11)

## Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

## ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes for those units whose family household income 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.

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ADDRESS OR UNIT NUMBE (NO P. O. BOX NUMBERS)	R	
NAME(S) OF OCCUPANTS	NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
$\bigcirc$ $\bigwedge$ $\bigwedge$ $\bigwedge$ $\bigwedge$	1	\$1 <mark>36</mark> ,800
	2	\$1 <mark>5</mark> 6,375
	3	<b>\$1</b> 75,950
	4	\$195,525
	5	\$211,200
	6	\$226,875
	7	\$242,400
	8	\$258,075
If more than one person is residing in a unit, do you consider yourselves a family?	☐ Yes ☐ No	
If <b>NO</b> , report on line 1 below the number of persons in your family. Each non-family m		e statement.
Number of persons in family household:		
I certify (or declare) under penalty of perjury under the laws of the State of Californ year did not exceed \$ (Enter the amount of the income limit sho	nia that the family household inc wn for the number of persons in	come for the prior calenda the family household.)
NAME TITI	LE	DATE
SIGNATURE		1

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

