BOE-267-H-A (P1) REV. 01 (06-11) ASSR-90.4 (REV. 9-14)

# ELDERLY OR HANDICAPPED FAMILIES FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET

COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR
500 WEST TEMPLE STREET ROOM 227
LOS ANGELES, CA 90012-2770 • Telephone 213.974.3481
Email: exempt@assessor.lacounty.gov
Website: assessor.lacounty.gov
Si desea ayuda en Español, llame al número 213.974.3211

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.

**ADDRESS OR UNIT NUMBER**
*(NO P. O. BOX NUMBERS)*

| NAME(S) OF OCCUPANTS | NUMBER OF PERSONS IN FAMILY HOUSEHOLD | INCOME LIMIT |
|---|---|---|
| | 1 | $ 54450 |
| | 2 | $ 62200 |
| | 3 | $ 70000 |
| | 4 | $ 77750 |
| | 5 | $ 83950 |
| | 6 | $ 90200 |
| | 7 | $ 96400 |
| | 8 | $ 102650 |

If more than one person is residing in a unit, do you consider yourselves a family? ☐ Yes ☐ No

If **NO**, report on line 1 below the number of persons in your family. Each non-family member must complete a separate statement.

1. Number of persons in family household: _____

2. I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year did not exceed $ _____. *(Enter the amount of the income limit shown for the number of persons in the family household.)*

| NAME | TITLE | DATE |
|---|---|---|
| | | |

SIGNATURE ▶

**NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS**