



**Steve J. Bestolarides**  
**Assessor-Recorder-County Clerk**

San Joaquin County  
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Stockton, CA 95202-3273  
Exemption Section: (209) 468-2632  
[www.sjgov.org/assessor\\_recorder](http://www.sjgov.org/assessor_recorder)

**LOWER INCOME HOUSEHOLDS**  
**FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET**

Section 214(g) of the California Revenue and Taxation Code provides that property owned by nonprofit organizations or eligible limited liability companies providing housing for lower income households can qualify for the Welfare Exemption from property taxes for those units whose family household income does not exceed the limits stated herein.

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 County Assessor.

**ADDRESS OR UNIT NUMBER**  
(No PO Box Numbers)

| NAME(S) OF OCCUPANTS | NUMBER OF PERSONS IN<br>FAMILY HOUSEHOLD | INCOME LIMIT |
|----------------------|--|--------------|
|                      | 1  | \$37,150     |
|                      | 2  | \$42,450     |
|                      | 3  | \$47,750     |
|                      | 4  | \$53,050     |
|                      | 5  | \$57,300     |
|                      | 6  | \$61,550     |
|                      | 7  | \$65,800     |
|                      | 8  | \$70,050     |

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 family household.)

|                |       |      |
|----------------|-------|------|
| SIGNATURE<br>▶ | TITLE | DATE |
|----------------|-------|------|

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



**INSTRUCTIONS**  
**LOWER INCOME HOUSEHOLDS**  
**FAMILY HOUSEHOLD INCOME REPORTING WORKSHEET**

1. Enter the address or unit number and the names of the persons who comprise your household.
2. Enter on line 1 the **number** of persons who comprise your household.
3. Enter on line 2 the income limit figure for the number of persons shown on line 1.
4. Sign the statement if your combined household income is the same as or less than the income limit.
5. Promptly return the statement to an officer or the manager of the organization on whose property you reside.

**Household Income:**

*Income includes but is not limited to:*

- (1) Wages, salaries, fees, tips, bonuses, commissions and other employee compensation.
- (2) Net income from the operation of a business or profession or from rental of real or personal property.
- (3) Interest and dividends.
- (4) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or other similar types of periodic receipts.
- (5) Unemployment and disability compensation, workers' compensation and severance pay.
- (6) Public assistance exclusive of any amount specified for shelter and utilities.
- (7) Alimony, child support payments and regular contributions or gifts from persons not residing in the dwelling.
- (8) All regular pay, special pay and allowances of a member of the Armed Forces who is head of the household or spouse.

*The following items shall not be considered as income:*

- (1) Casual, sporadic or irregular gifts.
- (2) Amounts specifically for or in reimbursement of the cost of medical expenses.
- (3) Lump-sum additions to family assets such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains and settlement for personal or property losses.
- (4) Amounts of educational scholarships paid directly to the student or to the educational institution and veteran benefits for costs of tuition, fees, books, and equipment.
- (5) The value of food coupons.
- (6) Payments received from the ACTION Agency, VISTA, Service Learning Programs, Special Volunteer Programs, National Older American Volunteer Program, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Services Program, SCORE and ACE.
- (7) Foster Child Care payments.

For a complete listing of income and deductions, see Department of Housing and Community Development Regulations, section 6914 of Title 25 of the California Code of Regulations.

