

SAN LUIS OBISPO COUNTY ASSESSOR'S OFFICE  
**DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET**

**IMPORTANT: PLEASE READ**

**If your annual household income in 2024 was MORE THAN \$78,718, you DO NOT need to complete this worksheet.**

Household Income (Section 20504)

"Household Income" means all income received by all persons of a household while members of such household. Include only the income of persons who were members of the household during the calendar year prior to the year of this claim (if the claim is for the 2025/2026 tax year, the income would be for the calendar year 2024).

The term "household" includes the claimant and all other persons, except bona fide renters, minors, or students.

**STEP A. Enter your name and Assessor's Parcel Number.**

NAME \_\_\_\_\_ ASSESSOR'S PARCEL NUMBER \_\_\_\_\_

**STEP B. Enter the yearly income of you and your spouse.** Complete lines 1 through 17.

1. Wages, salaries, tips, and other employee compensation ..... 1. \$ \_\_\_\_\_
2. Social security, including the amount deducted for Medi-Care premiums ..... 2. \$ \_\_\_\_\_
3. Railroad retirement..... 3. \$ \_\_\_\_\_
4. Interest and dividends ..... 4. \$ \_\_\_\_\_
5. Pensions, annuities and disability retirement payments..... 5. \$ \_\_\_\_\_
6. SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB (Aid to the Blind) and ATD (Aid to Totally Disabled), AFDC (Aid to Families with Dependent Children), APSB (Aid to the Potentially Self-Supporting Blind)..... 6. \$ \_\_\_\_\_
7. Rental income (or loss)..... 7. \$ \_\_\_\_\_
8. Net income (or loss) from a business ..... 8. \$ \_\_\_\_\_
9. Income (or loss) from the sale of capital assets ..... 9. \$ \_\_\_\_\_
10. Life insurance proceeds that exceeds expenses ..... 10. \$ \_\_\_\_\_
11. Veterans benefits received from the Veterans Administration..... 11. \$ \_\_\_\_\_
12. Gifts and inheritances in excess of \$300, except between members of the household..... 12. \$ \_\_\_\_\_
13. Unemployment insurance benefits..... 13. \$ \_\_\_\_\_
14. Workers compensation for temporary disability (not for permanent disability) ..... 14. \$ \_\_\_\_\_
15. Amounts contributed on behalf of the claimant to a tax sheltered or deferred compensation plan (also a deduction), see Line 23 below ..... 15. \$ \_\_\_\_\_
16. Sick leave payments..... 16. \$ \_\_\_\_\_
17. Nontaxable gain from the sale of a residence ..... 17. \$ \_\_\_\_\_

**STEP C. Enter the Income of other household members.**

18. Do not include income of minors, students, renters, your spouse and you ..... 18. \$ \_\_\_\_\_

**STEP D. Subtotal.** Enter here and on line 20 on the back.

19. SUBTOTAL. Add lines 1 through 18 ..... 19. \$ \_\_\_\_\_
20. TOTAL FROM LINE 19..... 20. \$ \_\_\_\_\_

**PLEASE CONTINUE ON THE BACK**

**DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET SIDE 2**

**STEP E. Adjustments to Income.** Complete lines 21 through 25 (if applicable).

Section 17072 and following sections of the Revenue and Taxation Code provide for an "adjusted gross income," which means, in the case of an individual, gross income minus the following deductions:

- 21. Forfeited interest penalty ..... 21. \$ \_\_\_\_\_
- 22. Alimony paid ..... 22. \$ \_\_\_\_\_
- 23. Individual retirement arrangement such as Keogh (HR 10), or Simplified Employee Plan (SEP) subject to certain limitations ..... 23. \$ \_\_\_\_\_
- 24. Employee business expenses..... 24. \$ \_\_\_\_\_
- 25. Moving expenses and deductions of expenses (already taken) for the production of income (or loss) reported in Items 7 (rental), 8 (business), and 9 (sale of capital assets) included in "income." ..... 25. \$ \_\_\_\_\_

**STEP F. Adjustments to Income.**

- 26. Add lines 21 through 25. .... 26. \$ \_\_\_\_\_

**STEP G. Total Household Income.**

- 27. Subtract line 26 from line 20 ..... 27. \$ \_\_\_\_\_

**STEP H. Please sign and date this form. Enter your telephone number.**

*I hereby declare the foregoing facts to be true and correct to the best of my knowledge.  
I make this statement under penalty of perjury under the Laws of the State of California.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(\_\_\_\_\_) \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

**ATTACH TO CLAIM FOR DISABLED VETERANS' PROPERTY TAX EXEMPTION**