



**Tom J. Slavich**  
**San Benito County Assessor**  
440 Fifth St. Rm. 108  
Hollister, CA 95023-3893  
Tel: 831-636-4030  
Fax: 831-636-4033  
www.cosb.us/government/assessor

**WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT**

Year: \_\_\_\_\_  REGULAR ASSESSMENT  
Information for Property No. \_\_\_\_\_  SUPPLEMENTAL ASSESSMENT

Name of organization \_\_\_\_\_  
Address of **this** property \_\_\_\_\_  
(street, city, zip code)

Owner only  Operator only  Owner-Operator Date of last inspection of property \_\_\_\_\_

If claimant is owner, name of operator is \_\_\_\_\_  
If claimant is operator, name of owner is \_\_\_\_\_

A. **Claimant is primarily:** (check only one)  1. religious  2. hospital  3. scientific  4. charitable  
 5. other (explain) \_\_\_\_\_

**B. Use of property**

1. The **primary activity** the property is used for is: (check only one)  
 a. administration  e. fraternal and lodge meetings  i. medical (not hospital)  
 b. commercial  f. fund raising  j. recreational  
 c. educational  g. hospital  k. rehabilitation  
 d. farming  h. housing  l. informational  
 m. other (explain) \_\_\_\_\_

2. **Other activities** the property is used for are: a. List letters used in B1 \_\_\_\_\_  
b. Other (explain) \_\_\_\_\_  
3. **All or part** (write in all or part where applicable) of the property is: a. leased or rented \_\_\_\_\_  
b. vacant or unused \_\_\_\_\_ c. in excess of that reasonably necessary \_\_\_\_\_ d. used to  
house personnel whose presence is not institutionally necessary \_\_\_\_\_

**C. Operation of property for benefit of persons**

1. In your opinion are services and expenses excessive?  Yes  No  
If answer is **yes**, explain: \_\_\_\_\_  
2. In your opinion do operations enhance anyone's private gain?  Yes  No  
If answer is **yes**, explain: \_\_\_\_\_  
3. In your opinion is the claimant's proposed new capital investment, if any, necessary?  Yes  No  
If answer is **no**, explain: \_\_\_\_\_

D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant  Yes  No  
If answer is **no**, explain: \_\_\_\_\_

E. **Supplemental Assessment** (in claimant's name): \_\_\_\_\_ Did owner file an exemption claim?  Yes  No

1. Date of change in ownership \_\_\_\_\_ Recorded  Yes  No  
Ownership in name of claimant? \_\_\_\_\_

2. Date of completion of new construction \_\_\_\_\_  
Explain what was constructed \_\_\_\_\_

3. Date put to exempt use \_\_\_\_\_ If only a portion of the property is put to an  
exempt use, describe exempt and nonexempt portions in detail \_\_\_\_\_

4. Notice: date mailed \_\_\_\_\_  Not mailed  
5. Date claim for exemption from Supplemental Assessment was filed with Assessor \_\_\_\_\_

6. Date first installment of supplemental tax bill becomes (became) delinquent \_\_\_\_\_

F. **A claim for welfare exemption on this property:** 1. was filed last year  Yes  No 2. is new this year  Yes  No  
3. was not filed last year but claimed on another property located at \_\_\_\_\_  
(give complete address including zip code)

G. **Recommendation:** 1. Approval \_\_\_\_\_ (all) 2. Denial \_\_\_\_\_ (part) \_\_\_\_\_ (all)  
Reason for denial (if partial denial, identify specific area to be denied) \_\_\_\_\_

Date \_\_\_\_\_ Inspection for \_\_\_\_\_, Assessor  
By \_\_\_\_\_, Designee

