EF-269-FIR-R02-0308-35000280-1 BOE-269-FIR REV. 02 (03-08)

REGULAR ASSESSMENT

## VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



## 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

| Information for Property No. Year:    Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | SUPPLEMENTAL ASSESSMENT                                                                                   | Vacan                                                                                |                                    |                       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|-----------------------|--|--|
| Address of this property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                                                                           |                                                                                      |                                    |                       |  |  |
| Owner only   Operator only   Owner-Operator   Date of last inspection of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name          | e of organization                                                                                         |                                                                                      |                                    |                       |  |  |
| Owner only   Operator only   Owner-Operator   Date of last inspection of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Addre         | ess of <i>this</i> property                                                                               | (stree                                                                               | et, city, zip code)                |                       |  |  |
| If claimant is operator, name of owner is  A. Claimant is primarily: (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ∐ Ov          | wner only $\ igsquare$ Operator only $\ igsquare$ Owne                                                    | r-Operator Date of last ins                                                          | spection of property               |                       |  |  |
| A Claimant is primarily: (check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If clair      | mant is owner, name of operator is                                                                        |                                                                                      |                                    |                       |  |  |
| Ccheck only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If clair      | mant is operator, name of owner is                                                                        |                                                                                      |                                    |                       |  |  |
| 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   n. 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:     D. Ownership in name of claimant?   Pes   No Ownership in name of claimant?     D. Deteror of completion of new construction     Explain what was constructed   Recorded   Yes   No Ownership in name of claimant?     D. Date of completion of new construction     Explain what was constructed   S. Date claim for exempt use   If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail     A. Notice: date mailed   Notice: date mailed   Notice: date mailed   Notice: date mailed     S. Date claim for exemption from Supplemental Assessment was filed with Assessor     6. Date first installment of supplemental as bill becomes (became) delinquent     F. A claim for veterans' organization exemption on this property;     1. was filed last year   Yes   No   2. is new this year   Yes   No          |               |                                                                                                           | other <i>(explain)</i>                                                               |                                    |                       |  |  |
| a. administration   e. fraternal and lodge meetings   i. medical (not hospital)   b. commercial   f. fund raising   j. recreational   j. recreational   d. farming   h. housing   l. informational   d. farming   h. housing   l. informational   l. informational   m. other (explain)   m. other (explain)   m. other (explain)   l. informational   l. informati | B. <b>U</b> : | se of property                                                                                            |                                                                                      |                                    |                       |  |  |
| b. commercial   f. fund raising   j. recreational   c. educational   g. hospital   k. rehabilitation   d. farming   h. housing   l. informational   m. other (explain)   h. housing   l. informational   m. other (explain)   s. Other (explain)   v. other (explai   | 1.            | 1. The <b>primary activity</b> the property is used for is: (check only one)                              |                                                                                      |                                    |                       |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | b. commercial c. educational d. farming                                                                   | f. fund raising<br>g. hospital                                                       | j. recreational k. rehabilitation  | p <mark>it</mark> al) |  |  |
| 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:   Did owner file an exemption claim?   Yes   No Supplemental Assessment (in claimant's name):  E. Supplemental Assessment (in claimant's name):   Recorded   Yes   No Ownership in name of claimant?   Recorded   Yes   No Ownership in name of claimant?   Recorded   Yes   No Ownership in name of claimant?   If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail   Notice: date mailed   Not maile | 2.            | Other activities the property is used for                                                                 | or are: a. List letters used in E                                                    | 31                                 |                       |  |  |
| 1. In your opinion are services and expenses excessive?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | All or part (write in all or part where ap<br>b. vacant or unused<br>house personnel whose presence is no | oplicable) of the property is: a c. in excess of that re t institutionally necessary |                                    | d. used to            |  |  |
| 2. In your opinion do operations enhance anyone's private gain?  If answer is yes, explain:  3. In your opinion is the claimant's proposed new capital investment, if any, necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | In your opinion are services and expen                                                                    | ises excessive?                                                                      |                                    | ☐ Yes ☐ No            |  |  |
| 3. In your opinion is the claimant's proposed new capital investment, if any, necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.            | In your opinion do operations enhance                                                                     |                                                                                      | IOT                                | Yes No                |  |  |
| D. Ownership of real property (as of applicable lien date) is recorded in exact name of claimant    Supplemental Assessment (in claimant's name):   Did owner file an exemption claim?   Yes   No   No Ownership in name of claimant?   Supplemental Assessment (in claimant's name):   Date of change in ownership   Recorded   Yes   No   Ownership in name of claimant?   Ownership in ownership   Recorded   Yes   No   No If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail   Not mailed   Ownership in name of claimant?   Ownership in name of claimant?   No   Ownership in name of claimant?   No In No   Ownership in name of claimant?   No   Ownership in name | 3.            | In your opinion is the claimant's propos                                                                  | sed new capital investment, if a                                                     | iny, <mark>n</mark> ecessary?      | ☐ Yes ☐ No            |  |  |
| If answer is no, explain:    Did owner file an exemption claim?   Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D <b>0</b>    |                                                                                                           |                                                                                      |                                    |                       |  |  |
| E. Supplemental Assessment (in claimant's name):  1. Date of change in ownership Ownership in name of claimant?  2. Date of completion of new construction Explain what was constructed  3. Date put to exempt use exempt use, describe exempt and nonexempt portions in detail  4. Notice: date 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 veterans' organization exemption on this property:  1. was filed last year  Yes No 2. is new this year Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                                                                           |                                                                                      |                                    |                       |  |  |
| E. Supplemental Assessment (in claimant's name):  1. Date of change in ownership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                           |                                                                                      | Did owner file an exemption claim? | ☐ Yes ☐ No            |  |  |
| Ownership in name of claimant?  2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                                           |                                                                                      |                                    |                       |  |  |
| 2. Date of completion of new construction  Explain what was constructed  3. Date put to exempt use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.            | Date of change in ownership                                                                               |                                                                                      | Recorded                           | ☐ Yes ☐ No            |  |  |
| Explain what was constructed  3. Date put to exempt use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                                                                           |                                                                                      |                                    |                       |  |  |
| 3. Date put to exempt use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.            | ·                                                                                                         |                                                                                      | -                                  |                       |  |  |
| exempt use, describe exempt and nonexempt portions in detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0             | •                                                                                                         |                                                                                      | If any a martial of the mar        |                       |  |  |
| <ul> <li>4. Notice: date mailed</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3.            |                                                                                                           |                                                                                      |                                    | operty is put to an   |  |  |
| <ul> <li>5. Date claim for exemption from Supplemental Assessment was filed with Assessor</li> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li> <li>F. A claim for veterans' organization exemption on this property:</li> <li>1. was filed last year  Yes  No</li> <li>2. is new this year  No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4             | •                                                                                                         |                                                                                      |                                    | Not mailed            |  |  |
| <ul> <li>6. Date first installment of supplemental tax bill becomes (became) delinquent</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _             |                                                                                                           |                                                                                      |                                    |                       |  |  |
| <ul> <li>F. A claim for veterans' organization exemption on this property:</li> <li>1. was filed last year ☐ Yes ☐ No</li> <li>2. is new this year ☐ Yes ☐ No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                                                                           |                                                                                      |                                    |                       |  |  |
| 1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                                                                           |                                                                                      |                                    |                       |  |  |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | _                                                                                                         |                                                                                      | □ No                               |                       |  |  |
| 3 was not filed last year, but claimed on another property located at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | •                                                                                                         | -                                                                                    |                                    |                       |  |  |
| 3. was not filed last year, but claimed on another property located at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                                                                                           |                                                                                      |                                    | p code)               |  |  |
| G. Recommendation: 1. Approval 2. Denial(part)(all)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G. Re         | ecommendation: 1. Approval                                                                                | (all)                                                                                | 2. Denial                          | (all)                 |  |  |
| Reason for denial (if partial denial, identify specific area to be denied)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                                                                           |                                                                                      |                                    | , ,                   |  |  |
| Date Inspection for, Assessor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D,            | ate                                                                                                       | Inspection for                                                                       |                                    | Λεερεερι              |  |  |
| By, Assessor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | טפ            | uio                                                                                                       | ·                                                                                    |                                    |                       |  |  |

