



TOM J. SLAVICH
San Benito County Assessor

440 5th St. Rm. 108, Hollister, CA 95023
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Email: sbcassr@cosb.us ~ www.cosb.us/departments/assessor

LANDLORD TENANT QUESTIONNAIRE

RETURN BY APRIL 1, 2022

Phone Number: _____

If mailing address is incorrect, please enter the correct address here:

FILL OUT INFORMATION AS OF JANUARY 1, 2022:

LIST ADDRESSES AND SUITE NUMBERS OF EACH RENTAL UNIT ON THIS PROPERTY	NAME AND MAILING ADDRESS OF TENANT ON JANUARY 1. IF VACANT, PLEASE STATE "VACANT"	PHONE NUMBER OF TENANT	NAME AND TYPE OF BUSINESS AT THIS LOCATION	CHECK BOX IF NEW TENANT
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Do you own any business personal property or equipment at this location
If YES is checked, a Business Property Statement must be filed with this office Yes No

Do you own any fixtures at this location?
If YES is checked, a Business Property Statement must be filed with this office Yes No

Were there any Real Property Improvements made to the property during 2021? Yes No

Please check "YES" or "NO." If these boxes are left blank, this affidavit will be returned to you as incomplete.

If YES is checked, please provide a detail listing including costs

DECLARATION BY ASSESSEE

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE
NAME OF ASSESSEE OR AUTHORIZED AGENT (TYPED OR PRINTED)		TITLE
PREPARER'S NAME AND ADDRESS	EMAIL	PHONE NUMBER