

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



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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)

<input type="checkbox"/> a. administration	<input type="checkbox"/> e. fraternal and lodge meetings	<input type="checkbox"/> i. medical (not hospital)
<input type="checkbox"/> b. commercial	<input type="checkbox"/> f. fund raising	<input type="checkbox"/> j. recreational
<input type="checkbox"/> c. educational	<input type="checkbox"/> g. hospital	<input type="checkbox"/> k. rehabilitation
<input type="checkbox"/> d. farming	<input type="checkbox"/> h. housing	<input type="checkbox"/> l. informational
<input type="checkbox"/> 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 NoIf answer is **yes**, explain: _____2. In your opinion do operations enhance anyone's private gain? Yes NoIf answer is **yes**, explain: _____3. In your opinion is the claimant's proposed new capital investment, if any, necessary? Yes NoIf answer is **no**, explain: _____D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant Yes NoIf answer is **no**, explain: _____E. **Supplemental Assessment** (in claimant's name): Did owner file an exemption claim? Yes No1. 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 No3. 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 _____

