

## WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



**Katrina Bartolomie**  
**MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 234-6800

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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)☐ 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 ☐ 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 ☐ 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

