

## WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



**Claude Parrish**  
**Orange County Assessor**  
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 or  
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 (714) 834-2746  
[www.ocassessor.gov](http://www.ocassessor.gov)

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  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 \_\_\_\_\_

