

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)

- [ ] 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 [ ] 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

E. Supplemental Assessment (in claimant's name):

1. 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

