

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Deva Marie Proto
Sonoma County Clerk-Recorder-Assessor
585 Fiscal Dr., Rm 104
Santa Rosa, CA 95403-2872
Telephone: (707) 565-1888
FAX: (707) 565-3317
sonomacounty.ca.gov/assessor

Year: \_\_\_\_\_
Information for Property No. \_\_\_\_\_
REGULAR ASSESSMENT
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

