



WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT

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: _____

E. **Supplemental Assessment** (in claimant's name): _____ Did owner file an exemption claim? Yes No

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

