



**Shelly Scott**  
**Assessor-Recorder-County Clerk**  
County of Marin  
CHANGE IN OWNERSHIP DIVISION  
P.O. Box C  
San Rafael, CA 94913  
Phone: (415) 473-7231  
Fax: (415) 473-6255  
www.marincounty.gov

**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)

- |   |  |  |
|---|--|--|
| <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  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

