

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



MERCED COUNTY
MATT H. MAY, ASSESSOR

2222 M STREET
MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.us/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: _____

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