

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: _____

☐ 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 ☐ NoIf answer is **yes**, explain: _____2. In your opinion do operations enhance anyone's private gain? ☐ Yes ☐ NoIf answer is **yes**, explain: _____3. In your opinion is the claimant's proposed new capital investment, if any, necessary? ☐ Yes ☐ NoIf answer is **no**, explain: _____D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant ☐ Yes ☐ NoIf answer is **no**, explain: _____Did owner file an exemption claim? ☐ Yes ☐ NoE. **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

