

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Mono County Office Of The Assessor

Barry Beck, Assessor

PO Box 456

Bridgeport, CA 93517-0456

Telephone: 760-932-5510

Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/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 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 _____ 2. Denial _____

(all)

(part)

(all)

Reason for denial (if partial denial, identify specific area to be denied) _____

Date _____ Inspection for _____, Assessor

By _____, Designee

