

## WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Laura Avila

Kern County Assessor and Recorder

1115 Truxtun Avenue

Bakersfield CA 93301-4639

(661) 868-3485

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