

WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



Office of the Assessor

Kings County

1400 W. Lacey Blvd.

Hanford, CA. 93230

559-852-2486

fax 559-582-2794

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

