

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 _____

(all)

2. Denial _____

(part)

(all)

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

Date _____

Inspection for _____, Assessor

By _____, Designee

