BOE-267-FIR REV. 02 (03-08)

WELFARE EXEMPTION
ASSESSOR'S FIELD INSPECTION REPORT

☐ REGULAR ASSESSMENT
☐ SUPPLEMENTAL ASSESSMENT

Information for Property No. _____ Year: _____

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: _____
_____ Did owner file an exemption claim? ☐ Yes ☐ No

E. **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 _____ 2. Denial _____ _____
(all) *(part)* *(all)*

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

_____

Date _____ Inspection for _____ , Assessor

By _____ , Designee

SAMPLE