## WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT



## Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca gov

| Year:                                                                                                           | ☐ REGULAR ASSESSMENT                                                 | assessor@nevadacountyca       | ı.gov             |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------|-------------------|
| Information for Property No                                                                                     | SUPPLEMENTAL ASSESSM                                                 | MENT                          |                   |
| Name of organization                                                                                            |                                                                      |                               |                   |
| Address of <i>this</i> property                                                                                 |                                                                      |                               |                   |
| Owner only Operator only Own                                                                                    |                                                                      |                               |                   |
| If claimant is owner, name of operator is                                                                       |                                                                      |                               |                   |
| If claimant is operator, name of owner isA. Claimant is primarily: (check only one)                             |                                                                      |                               |                   |
| 5. other (explain)                                                                                              |                                                                      |                               |                   |
| B. Use of property                                                                                              |                                                                      |                               |                   |
| <ol> <li>The <b>primary activity</b> the property is</li> <li>a. administration</li> </ol>                      | used for is: <i>(check only one)</i> e. fraternal and lodge meetings | i. medical (no                | ot hospital)      |
| b. commercial                                                                                                   | f. fund raising                                                      | j. recreationa                | .I                |
| c. educational                                                                                                  | g. hospital                                                          | k. rehabilitation             | n                 |
| d. farming                                                                                                      | h. housing                                                           | ☐ I. information              | al                |
|                                                                                                                 |                                                                      |                               |                   |
| 2. Other activities the property is used for                                                                    |                                                                      |                               |                   |
| b. Other (explain)                                                                                              |                                                                      |                               |                   |
| 3. All or part (write in all or part where apple                                                                |                                                                      |                               |                   |
|                                                                                                                 | c. in excess of that reasonably                                      |                               |                   |
| C. Operation of property for benefit of pe                                                                      |                                                                      |                               |                   |
| <ol> <li>In your opinion are services and expense.</li> </ol>                                                   |                                                                      |                               | ☐ Yes ☐ No        |
|                                                                                                                 |                                                                      |                               |                   |
| 2. In your opinion do operations enhance ar                                                                     |                                                                      |                               | ☐ Yes ☐ No        |
|                                                                                                                 |                                                                      | 0                             |                   |
| · · · · · · · · · · · · · · · · · · ·                                                                           | · · · · · · · · · · · · · · · · · · ·                                |                               | ☐ Yes ☐ No        |
| D. <b>Ownership of real property</b> (as of applicable <b>lien date</b> ) is recorded in exact name of claimant |                                                                      |                               |                   |
| If answer is <b>no</b> , explain:                                                                               |                                                                      |                               |                   |
| E. Supplemental Assessment (in claimant                                                                         | 's name):                                                            | wner file an exemption claim? | ☐ Yes ☐ No        |
| Date of change in ownership                                                                                     |                                                                      | Recorded                      | ☐ Yes ☐ No        |
|                                                                                                                 |                                                                      |                               |                   |
| Date of completion of new construction _                                                                        |                                                                      |                               |                   |
| Explain what was constructed                                                                                    |                                                                      |                               |                   |
| Date put to exempt use                                                                                          |                                                                      |                               | erty is put to an |
|                                                                                                                 | nexempt portions in detail                                           | *                             | * *               |
| Notice: date mailed                                                                                             |                                                                      |                               |                   |
| Date claim for exemption from Supple                                                                            |                                                                      |                               |                   |
| Date first installment of supplemental tax                                                                      |                                                                      |                               |                   |
| F. A claim for welfare exemption on this                                                                        |                                                                      |                               |                   |
| was not filed last year but claimed                                                                             | d on another property located at                                     | 2. 10 How tine your           |                   |
|                                                                                                                 |                                                                      |                               | zip code)         |
| G. Recommendation: 1. Approval                                                                                  | 2.                                                                   | Denial                        | (all)             |
| Reason for denial (if partial denial, identify specific area to be denied)                                      |                                                                      |                               |                   |
| Date                                                                                                            | Inspection for                                                       |                               | , Assessor        |
|                                                                                                                 | Ву                                                                   |                               | , Designee        |