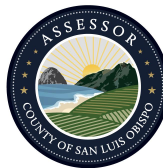


WELFARE EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT


Office of Tom J. Bordonaro, Jr.
San Luis Obispo County Assessor

County Government Center
 1055 Monterey Street, Suite D360
 San Luis Obispo, CA 93408
 Telephone (805) 781-5643
 Fax: (805) 781-5641
 Email: Assessor@co.slo.ca.us
 Web Site: slocounty.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 ☐ NoIf answer is **yes**, explain: _____2. In your opinion do operations enhance anyone's private gain? ☐ Yes ☐ NoIf answer is **yes**, explain: _____3. In your opinion is the claimant's proposed new capital investment, if any, necessary? ☐ Yes ☐ NoIf answer is **no**, explain: _____D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant ☐ Yes ☐ NoIf answer is **no**, explain: _____E. **Supplemental Assessment** (in claimant's name): Did owner file an exemption claim? ☐ Yes ☐ No1. 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

