

Church/City: _____
Street Address: _____
District: _____
Date: _____

PARSONAGE REVIEW REPORT

“The chairperson of the Committee on Pastor-Parish Relations, the chairperson of the Board of Trustees, and the pastor shall make an annual review of the church-owned parsonage to assure proper maintenance and to give immediate resolution to parsonage issues affecting the family’s health and well-being” [2016 Discipline, ¶258.2g(16)]. The parsonage family will be held financially accountable for damage other than normal wear and tear. You are encouraged to save this form on computer so that updates can be made more easily each year. **Complete this form for charge conference, and return to district office.**

1. **Exterior:** year painted/sided _____; condition _____. **Year installed:** Exterior doors _____; condition _____. Windows _____; condition _____. Roof _____; condition _____. Gutters _____; condition _____; date last cleaned _____. Fence _____; wood/metal posts _____; condition _____. Sprinkler system _____; condition _____. **Condition of:** drive/walks _____, deck/patio _____, storage shed _____, front steps _____, rear steps _____, lawn _____, trees _____, shrubs _____. Exterior outlets GFI? _____. **Who is responsible for:** mowing _____, fertilizer/insecticide _____, snow removal _____?
2. **Garage:** # _____ car garage. Overhead door(s) # _____; year installed _____; condition _____. opener(s) # _____. Well-lighted? _____. Electrical outlets GFI? _____. Locks working properly? _____. Free of debris? _____.
3. **Living room:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
4. **Dining room:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
5. **Family room:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
6. **Kitchen:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____. **Year purchased:** Stove _____, gas ___ or electric ___; condition _____. Microwave _____; condition _____. Garbage disposal _____; condition _____. Refrigerator _____; condition _____. Freezer _____; condition _____. Dishwasher _____; condition _____. Exhaust fan _____; condition _____. Condition of plumbing _____. Date fire extinguisher(s) inspected _____. Electrical outlets GFI? _____.
7. **Utility room:** Size: _____ **Year installed:** Flooring _____; condition _____. Condition of plumbing _____. Year purchased: Washer/Dryer _____, gas ___ or electric ___; condition _____. Electrical outlets GFI? _____.
8. **Bath #1:** Size: _____. Year painted _____; condition _____. **Year installed:** Flooring _____; condition _____. Wall tile _____; condition _____. Toilet _____; condition _____. Sink _____; condition _____. Tub/shower _____; condition _____. Lighting _____; condition _____. Electrical outlets GFI? _____.
- Bath #2:** Size: _____. Year painted _____; condition _____. **Year installed:** Flooring _____; condition _____. Wall tile _____; condition _____. Toilet _____; condition _____. Sink _____; condition _____. Tub/shower _____; condition _____. Lighting _____; condition _____. Electrical outlets GFI? _____.
- Bath #3:** Size: _____. Year painted _____; condition _____. **Year installed:** Flooring _____; condition _____. Wall tile _____; condition _____. Toilet _____; condition _____. Sink _____; condition _____. Tub/shower _____; condition _____. Lighting _____; condition _____. Electrical outlets GFI? _____.

9. **Bedroom #1:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
- Bedroom #2:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
- Bedroom #3:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
- Bedroom #4:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
10. **Home Office/Den:** Size: _____ **Year installed:** Flooring _____; condition _____. Drapes _____; condition _____. Year carpet and drapes professionally cleaned _____. Year painted _____; condition _____.
11. **Furnace Room:** Size: _____ **Year installed:** Furnace _____; condition _____; year professionally inspected _____; filters changed quarterly? _____. Air conditioner _____; condition _____; year professionally inspected _____. Hot water heater _____; condition _____. Water softener _____; condition _____. Room clear of clutter and trash _____? Year fireplace professionally cleaned and inspected _____, wood _____ or gas _____; condition _____.
12. **Safety Equipment:** Smoke Alarms ___ Yes ___ No; # _____. Fire Extinguishers ___ Yes ___ No; # _____. Radon detector ___ Yes ___ No. Carbon Monoxide Detectors ___ Yes ___ No; # _____ All working properly? _____
13. **Accessibility:** Check if accessible/available: _____ exterior entrances; _____ interior hallways/doorways; _____ ramp; _____ chairlift; _____ tub/shower; _____ toilet; _____ other: _____
- List features helpful for those with mobility limitations (i.e. grab bars in tub/shower; main floor bedroom and bath).
- _____
- _____
14. **Pets:** Specify species, number, and age: _____
Identify any pet damage/odors: _____
15. **General care:**
Identify any property care the parsonage family needs to improve: _____
Identify any damage which needs to be repaired: _____
Identify maintenance the Board of Trustees needs to provide: _____
Does the pastor have personal content insurance? _____.
16. Work done in last year: _____
Work to be done this year: _____
17. Location of manuals and warranties for appliances: _____
18. Approximate annual cost of utilities:
- | | | | | | |
|--------------------|----------|-------------|----------|----------------------------|----------|
| Gas | \$ _____ | Electricity | \$ _____ | Water/Sewer | \$ _____ |
| Water Softener | \$ _____ | Cable TV | \$ _____ | | |
| Phone (local only) | \$ _____ | Internet | \$ _____ | (wireless: ___ yes ___ no) | |

Signatures: _____
S/PPRC Chair (or representative)

Pastor

Trustees Chairperson/President (or representative)