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|--------------------|
| Church/City: _____ |
| 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” [2012 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)

\_\_\_\_\_

Trustees President (or representative)

\_\_\_\_\_

Pastor

