

Annual Report on the Parsonage

The chairperson of the committee on pastor-parish relations, the chairperson of the trustees or parsonage committee and the pastor or occupant shall make an annual review of the church-owned parsonage to assure proper maintenance.

Parsonage Checklist

District:

For Year Ending:

Date of last parsonage review:

Church/City:

Parsonage Physical Address:

Occupied by: Senior Pastor Associate Pastor Other

of bedrooms

of bathrooms

Living Room or Great Room

Screen Porch

Dining Room

Fenced Yard

Study

Secure Storage Area

Carport

Family Room

Garage: (one car) (two car) (three car)

Laundry Area: (indoor) (outdoor)

I. Outside:

A. House: 1. Outside appearance is: Excellent Good Fair Poor

Needs work (explain):

2. Condition of the following is: (Please indicate - E-excellent, G-good, F-fair, P-poor)

| | | |
|-----------|-----------------------|----------------------------------|
| - Roof | - Gutters | - Trim |
| - Windows | - Septic/Drain System | - Screens |
| - Garage | - Pump/Well | - Mail Receptacle |
| - Doors | - Chimney | - Exterior Paint/Finish of house |

B. Yard:

1. Appearance of the yard is: Excellent Good Fair Poor

Needs work (explain):

2. Condition of the following is: (Please indicate - E-excellent, G-good, F-fair, P-poor)

| | |
|--------------|---------------------|
| - Lawn/Grass | - Irrigation System |
| - Shrubbery | - Trees |

3. Who has responsibility for yard upkeep: Occupant Church

4. If occupant is responsible for yard upkeep, does the parsonage have the following equipment?

- Gas mower Weed eater Shovel
 Trimmer Rake Electric or gas hedge trimmer

Other (list):

II. Inside:

A. Does the parsonage have the following equipment?

- Stove Water Softener Dryer
 Dishwasher Freezer Hot water heater (40 gal min)
 Microwave Vacuum cleaner Refrigerator w/ freezer
 Garbage disposal Washer

Other (list):

B. How is the heating/cooling accomplished?

- Gas
 Electric
 Heat pump

Is the heating/cooling system adequate? yes no

C. Please provide the following dates:

| Annual Inspection Dates | Treatment | | Treatment Date |
|-------------------------|-----------|----|----------------|
| Pest Control - | Yes | No | |
| Termite - | Yes | No | |
| Ductwork - | Yes | No | |

| Regular Maintenance Dates | |
|---------------------------|-------------------|
| Annual Carpet Cleaning | Exterior Painting |
| Chimney Sweeping | Interior Painting |

D. Other items:

- | | | |
|------------------------------------------------------------------------------------------------|-----|----|
| 1. Is the house adequately insulated? | Yes | No |
| 2. Are there sufficient electrical outlets in all rooms? | Yes | No |
| 3. Are there functional smoke detectors? | Yes | No |
| 4. Are there functional fire extinguishers? | Yes | No |
| 5. Is the telephone system adequate? | Yes | No |
| 6. Is the house wired for basic cable or satellite? | Yes | No |
| 7. Is the house wired for Internet? | Yes | No |
| 8. Is there monitored security for entire house? | Yes | No |
| 9. Is there regular pest control treatment? | Yes | No |
| 10. Are there quality window coverings in neutral colors that insure privacy? | Yes | No |
| 11. Are there quality floor coverings in neutral colors that are durable and easy to maintain? | Yes | No |

III. Parsonage **Family Concerns**

A. Has there been input from the occupant regarding housing needs?

Yes No

B. Does the occupant have adequate insurance coverage on personal property and furnishings?

Yes No

C. What pets does the occupant have?

(It is important to note that any damage or additional wear and tear on the parsonage, due to pets, is the responsibility of the occupant.)

IV. Committee Concerns

A. Is the parsonage well maintained by the occupant: Excellent Average Poor

B. Comments:

C. Indicate repairs and replacements needed and desired in the coming year and approximate cost.

D. What financial provision is made for the upkeep of the parsonage?

E. If the parsonage is for a multi-church charge, how are the expenses shared?

5. Please include a current picture of your parsonage.

6. Please attach a current inventory of church owned parsonage furniture.

7. The maintenance / repairs listed below need attention:

Signed: _____
Chairperson of the Trustees or Parsonage Committee

Signed: _____
Chairperson of the Pastor Parish Relations Committee

Signed: _____
Pastor/Occupant of the Parsonage

Date of Parsonage Annual Review: