

Church _____ Charge _____

District _____

PARSONAGE REVIEW REPORT

“The chairperson of the Board of Trustees or the chairperson of the Parsonage Committee, if one exists, the chairperson of the Committee on Pastor-Parish Relations, and the pastor shall make an annual review of the church-owned parsonage to ensure proper maintenance. (§2532.4 2004 Discipline)

To assure the church that proper review and care has been provided; the following information should be reviewed and updated annually:

1. **Exterior:** Year house was last painted _____. Condition of exterior _____. Condition of walks/drive _____. Condition of the lawn, trees and shrubs _____. Does the church provide fertilizer/insecticides? _____. Date gutters were cleaned and repaired _____. Year roof installed? _____. Condition of roof _____.
2. **Garage:** One__ or two__ car garage? Is garage kept free of trash? _____. Well lighted?_____ Locks work properly? _____. Is door opener provided? _____.
3. **Living room:** Year carpet was installed? _____. Year drapes were installed? _____. When were drapes and carpet professionally cleaned? _____. Year room was painted?_____.
4. **Dining room:** Year carpet was installed? _____. Year drapes were installed? _____. When were drapes and carpet professionally cleaned? _____. Year room was painted?_____.
5. **Family room:** Year carpet was installed? _____. Year drapes were installed? _____. When were drapes and carpet professionally cleaned? _____. Year room was painted?_____.
6. **Kitchen:** Year floor covering was installed?_____. If carpet, when was it cleaned?_____. Year walls were painted?_____. Year of purchase for: Stove_____. Microwave_____. Garbage disposal_____. Refrigerator/freezer_____. Deep freeze_____. Dishwasher_____. Condition of exhaust fan _____. Condition of plumbing_____. Date fire extinguisher(s) was last inspected?_____.
7. **Utility room:** Year floor covering was installed?_____. Condition of plumbing?_____. Year of purchase for washer/dryer _____.
8. **Bath #1:** Year floor covering was installed_____. Condition of floor covering?_____. Year wall tile was installed_____. Year painted_____. Condition of walls?_____. Condition of toilet_____, tub/shower_____, sink_____, lighting_____.
- Bath #2:** Year floor covering was installed_____. Condition of floor covering?_____. Year wall tile was installed_____. Year painted_____. Condition of walls?_____. Condition of toilet_____, tub/shower_____, sink_____, lighting_____.
- Bath #3:** Year floor covering was installed_____. Condition of floor covering?_____. Year wall tile was installed_____. Year painted_____. Condition of walls?_____. Condition of toilet_____, tub/shower_____, sink_____, lighting_____.

9. **Bedroom #1:** Year floor covering was installed_____. Year drapes installed_____. Year room was painted_____. Year carpet and drapes were professionally cleaned_____. Are fire/smoke detectors working properly?_____.

Bedroom #2: Year floor covering was installed_____. Year drapes installed_____. Year room was painted_____. Year carpet and drapes were professionally cleaned_____. Are fire/smoke detectors working properly?_____.

Bedroom #3: Year floor covering was installed_____. Year drapes installed_____. Year room was painted_____. Year carpet and drapes were professionally cleaned_____. Are fire/smoke detectors working properly?_____.

Bedroom #4: Year floor covering was installed_____. Year drapes installed_____. Year room was painted_____. Year carpet and drapes were professionally cleaned_____. Are fire/smoke detectors working properly?_____.

10. **Office/Den:** Year floor covering was installed_____. Year drapes installed_____. Year room was painted_____. Year carpet and drapes were professionally cleaned?_____.

11. **Furnace/A.C.:** Year furnace was installed_____. Year air conditioner installed_____. Year hot water heater installed_____. Year furnace and chimney professionally inspected_____. Year air conditioner professionally inspected_____. Is furnace room kept clean of clutter and trash?_____. Filters changed quarterly?_____.

12. **Safety Equipment:** Smoke Alarms? Yes___ No___ Fire Extinguishers? Yes___ No___

13. Does the parsonage family have a pet(s)?_____. Does this create damage/odors?_____.

14. **General care:** Does the pastor's family provide adequate care for the home?_____. Does the Board of Trustees provide adequate maintenance of the home?_____.

15. **Insurance:** Does the insurance provide for replacement costs?_____.
Note: The church does not provide insurance for the personal property of the parsonage family.

16. Location of manuals and warranties for appliances._____

17. Approximate annual cost of utilities:

Gas	\$ _____	Water and Sewer	\$ _____
Electricity	\$ _____	Cable TV	\$ _____
Water Softener	\$ _____	Phone (less long distance)	\$ _____

<p>18. Work done this past year:</p> <p>Work that needs to be done in the coming year:</p> <p>Future projects:</p>
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Pastor Parish Committee Chairperson

Trustees Chairperson