

ANNUAL REVIEW OF THE CHURCH-OWNED PARSONAGE

(Following the Minimum Standards for the Parsonage)

DATE: _____

The undersigned have reviewed the parsonage of the _____

pastoral charge at (address) _____

and report as follows:

A. INSURANCE

1. Amount of insurance carried by church/charge on church-owned house: \$ _____
2. Amount of insurance carried by church/charge on church-owned contents: \$ _____
3. Name of Insurance Company: _____
Agent/Telephone Number: _____
4. Is insurance coverage adequate on house and church/charge-owned contents? _____
Date last reviewed _____.
5. If answer to Question 4 is No, what steps are proposed to remedy the situation?

6. Amount of insurance carried by pastor on contents of parsonage owned by parsonage family:
\$ _____.
7. Name of Insurance Company _____
Agent/Telephone Number: _____
8. Is insurance coverage adequate on contents of parsonage owned by parsonage family? _____
Date last reviewed: _____.

B. INVENTORY OF FURNISHINGS

Is a current complete inventory of all furnishings and equipment maintained—one copy with the Pastor-Parish Relations Committee and/or the trustees, and a second copy with the parsonage family? Yes ___ No __. If No, by what date will this be accomplished? _____ (The parsonage family's copy is to be kept in the "Parsonage Records and Information Notebook".)

C. PARSONAGE ROOMS

1. Bedrooms. Are there at least three bedrooms with ample closet space in each? Yes ___ No__ Are the bedrooms at least 144 square feet each, with one not less than 168 square feet? Yes__ No__ If No, please describe: _____

Are all bedrooms over three adequate furnished and maintained? Yes ___ No__. Total number of bedrooms: _____. Current condition of bedroom furnishings: _____

and a storage closet for supplies? Yes__ No__. If no, please describe furnishings of study:

Current condition of study furnishings: _____

D. HOUSING NECESSITIES

1. Is there a central heating plant? Yes__ No__. If No, please describe: _____

2. Is there complete insulation and weather stripping? Yes__ No__. Storm windows? Yes__ No__. Insulation in ceiling, sidewall, and floor? Yes__ No__. Carpeting? Yes__ No__.
3. Is there central air conditioning? Yes__ No__.
4. Is annual servicing of all heating and air-conditioning equipment provided? Yes__ No__. Date of last inspection _____. Name and telephone number of service company: _____

5. Is there at least one telephone jack on each floor? Yes__ No__.
6. Is there at least one telephone instrument permanently in parsonage? Yes__ No__.
7. Are there dead bolt locks on all exterior doors? Yes__ No__.
8. Are smoke detectors and fire extinguishers installed and in working order? Yes__ No__. Provide dates of last inspection for each: _____
9. Is the parsonage free of health hazards, including:
 - a. Lead paint? Yes__ No__. Last inspection/comment: _____
 - b. Asbestos? Yes__ No__. Last inspection/comment: _____
 - c. Mildew? Yes__ No__. Last inspection/comment: _____
 - d. Radon? Yes__ No__. Last inspection/comment: _____
10. Is there an annual termite inspection and exterminator/pest control service? Yes__ No__. Date of last inspection_____ (month, year). Name and telephone number of service company: _____
11. Are all major appliances furnished and maintained: Washer? Yes__ No__. Dryer? Yes__ No__. Stove? Yes__ No__. Refrigerator? Yes__ No__. Automatic hot water heater? Yes__ No__. (Number of gallons _____, Type_____ (electric, gas). Comment: _____
12. Does the kitchen have: Sink? Yes__ No__. Built-in cabinets? Yes__ No__. A storage or supply closet? Yes__ No__. Counter work surfaces? Yes__ No__. Adequate electrical outlets, properly grounded? Yes__ No__. Garbage disposal? Yes__ No__. Dishwasher? Yes__ No__. Comment: _____

If No is answered to any of questions D.1-12, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?

E. WATER AND SEWER FACILITIES

1. How is the water supplied? By city? Yes__ No__. By a well? Yes__ No__. If well, when was the water last tested? _____ (year). If over 5 years, when will the well be tested? _____. Did the well pass most recent test? Yes__ No__. If No, by what date can this be accomplished? _____ (month, year). Attach a copy of the test results with this review. Copy attached? Yes__ No__.
2. Is parsonage on city sewer? Yes__ No__. Septic tank? Yes__ No__. If septic tank, was tank cleaned in the last 5 years? Yes__ No__. If No, when will this be accomplished?

F. EXTERIOR

1. Are trees and shrubbery provided where needed? Yes__ No__.
2. Are trees and shrubbery properly pruned so as to not threaten the safety of the home? Yes__ No__.
3. Is landscaping and normal fertilization provided? Yes__ No__.
4. Is a lawn mower, adequate for the size of the lawn, provided? Yes__ No__.
5. Is a TV antenna or cable hook-up provided? Antenna: Yes__ No__. Cable: Yes__ No__.

If no is answered to any of questions F.1-4, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?

G. MAINTENANCE

1. Amount budgeted for _____ (year) church year: \$_____. Amount spent in that year: \$_____. Amount held in reserves from prior years: \$_____.
2. We find the maintenance of the parsonage to be adequate, except as noted below:
 - a. Things which the church should do: _____

 - b. Things which the pastor should do: _____

H. KEY DOCUMENTS

Location of user manuals and warrantee books for all church-owned appliances and equipment:

I. ADDITIONAL RECOMMENDATIONS OR COMMENTS:

SIGNATURES:

Chairperson, Pastor-Parish Relations Committee

Chairperson, Trustees

Pastor

Date _____