

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Parsonage Address: \_\_\_\_\_ District: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Instructions:

- Please provide one copy to:  Board of Trustees     SPRC Committee     Pastor
- Please send to your District Office 2 weeks prior to Charge Conference
- DURING PASTORAL TRANSITIONS, provide one copy to the incoming pastor

(\*Key for Rating For ALL the Tables below: 1=Excellent, 2=Good, 3=Fair, 4=Poor, 5=Not Acceptable, NA=Not Applicable)

INTERIOR	Ceiling*	Walls*	Floor*	Trim*	Windows*	Doors*	Tile*	Fixtures*	Outlets*	Cabinets*	Counters*
Front Entry											
Back Entry											
Living Rm											
Family Rm											
Dining Rm											
Kitchen											
Bedroom - 1											
Bedroom - 2											
Bedroom - 3											
Bedroom - 4											
Bathroom- 1											
Bathroom- 2											
Bathroom- 3											
Bathroom- 4											
Study											
Office											
Other											
Basement											
Attic											

**NOTES ON CONDITION, REPAIRS NEEDED, OR UNRESOLVED ISSUES:**

  
  
  
  
  
  
  
  
  
  

1. Excluding utilities, how much was expended on parsonage improvements & repairs since the last Church/Charge Conference?  
\_\_\_\_\_
2. What improvements or repairs were made?  
\_\_\_\_\_
3. What major appliances have been purchased this year?  
\_\_\_\_\_
4. If there is more than one church on the Charge, what formula do the churches use to share in the parsonage costs?  
\_\_\_\_\_
5. What are the plans for improvements and repairs in the future?    a. Short Term: \_\_\_\_\_  
\_\_\_\_\_
- b. Long Term: \_\_\_\_\_  
\_\_\_\_\_

6. Is there an inventory of parsonage furnishings? Yes  No
7. If the parsonage is rented to a non-clergy person, is it registered as a taxable property? Yes  No
8. When was the last time tests were performed in the parsonage for those marked with **X** (need to put dates test were done)
- a. State water purity standards (if well water) Date: \_\_\_\_\_

Mechanicals	First Floor*	Second Floor*	Basement *	Attic*	Date of test	Appliances	First Floor*	Second Floor *	Basement*	Attic*
Heating						Range & Oven				
Plumbing						Refrigerator w/Freezer				
Smoke Detectors						Dishwasher				
CO Detectors					X	Garbage Disposal				
Fire Extinguisher					X	Washer				
Asbestos					X	Dryer				
Lead & Radon Testing					X	Garage Door Opener				
Deadbolt Locks/Window Locks/Security						Water Heater				
Telephone						Humidifier				
Television (Cable /Satellite)						Water Softener, if needed				
Internet Access						<b>NOTES related to above items:</b>				
<b>NOTES related to above items:</b>										

EXTERIOR	Parsonage*	Garage*	Date of test performed	EQUIPMENT	
Siding				Lawn Mower	
Paint				Snow Blower	
Brick				Hoses, Rake, Shovel	
Foundation Walls				Ladder	
Roof				Combustible Storage	
Gutter & Downspout				Other	
Chimney			X	<b>For the protection of all, it is highly recommended that digital photos (both inside/outside) of the Parsonage be taken and placed in a dated file.</b>	
TV Antenna					
Glass/Window Sash					
Trim					
Lighting					
Driveway					
Sidewalk					
Steps					
Landscape					
Lawn Condition					
General Appearance					
Other					

**Exterior: Parsonage\* Garage\* Notes**

9. Are there conditions in the parsonage that could compromise the health of the parsonage family? Yes  No

If "yes" please specify what and how this will be resolved.

\_\_\_\_\_

\_\_\_\_\_

10. How is lawn care & snow removal cared for?

\_\_\_\_\_

11. Has there been any damage, beyond normal usage, including but not limited to damage caused by pets? Yes  No

\_\_\_\_\_

12. Are there any other issues to note? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Filling Out This Form( Print name) \_\_\_\_\_

Date: \_\_\_\_\_

Print Pastor's Name \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

Print Trustee Chair's Name \_\_\_\_\_ Trustee Chair's Signature \_\_\_\_\_

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor Reporting: \_\_\_\_\_

13. Have you received a copy of this **Report** which accurately reflects the condition of the parsonage? Yes  No  Date of Inspection \_\_\_\_\_

14. Have you been given clear information on how maintenance issues are to be addressed? Yes  No

15. List any maintenance issues which have been brought to the attention of the trustees that are currently unresolved:

\_\_\_\_\_

\_\_\_\_\_

16. Do pets reside within the parsonage? Yes  No

17. Is smoking permitted within the parsonage? Yes  No

18. Are you aware of your responsibilities in relation to occupancy of a parsonage in accordance with the UNY Clergy Housing Policy?

Yes  No

**REMINDER: Please provide one copies to: District Superintendent, Pastor, Trustees, and S/PPRC**