

LOCAL CHURCH PARSONAGE EVALUATION FORM

CHURCH

DATE:

The STANDARDS FOR PARSONAGES are found on pages 8-9 thru 8-11, 2016 East Ohio Conference Journal.

Review Date: _____ Reviewer: _____ Parsonage Phone: _____
 Parsonage Address: _____
 Contact Person: _____ Phone: _____
 Year Parsonage Built: _____ Appraisal/Value: _____ Appraisal Date: _____
 Location of deed: Indicate County Court House, Record Vol, Page, Date for each tract of land recorded. What is church name as recorded on deed _____
 Location of copy of deed: _____ *(Safety Deposit box recommended)*
 Date of File Photo: _____ *Please take digital pictures of exterior and include in report.*
 Annual Repair and Maintenance _____ Amount Spent/Budget last Year: _____

- Color of Home _____ Is there a floor plan on file? _____
- Is there a fire/alarm system? Name of Company? _____
 1. If yes, does it notify the Fire Dept? Location of Fire Dept? _____
 2. How many fire extinguishers are in the home? _____
 3. How many smoke detectors throughout the house? _____
 4. Are there carbon monoxide detectors installed? _____
 5. Are there any ground fault interrupter (GFI) outlets? _____ How Many? _____
Location _____
 6. How is the house secured? _____ Window Locks _____ Door Locks _____ Alarm System _____
Security issues needing addressed _____
- Does the present parsonage contain the following: (Please check where appropriate.)

One Level:	Two Levels:	Three Levels:
Type of Siding: Vinyl _____	Aluminum _____	Wood _____ Brick _____
- **Living Room:** Size: _____ Wall Color: _____ Paint _____ Paper _____ Paneling _____
 Type of Flooring: _____ Condition: _____ Color of Carpet / Stain: _____
- **Dining Room:** Size: _____ Wall Color: _____ Paint _____ Paper _____ Paneling _____
 Type of Flooring: _____ Condition: _____ Color of Carpet / Stain: _____
- **Kitchen:** Size: _____ Wall Color: _____ Paint _____ Paper _____ Paneling _____
 Type of Flooring: _____ Condition: _____ Color of Carpet / Stain: _____
 Is there room for kitchen table? _____ How many chairs? _____ Is there a ceiling fan? _____
 When was the kitchen last updated? _____ What is the condition of the cupboards/counter? _____
 Is there a kitchen pantry? _____ Is there adequate storage space? _____
- **Utility Room:** Size: _____ Wall Color _____ Paint _____ Paper _____ Paneling _____
 Type of Flooring: _____ Condition: _____ Color of Carpet / Stain: _____
 Washer: _____ Dryer: _____ Work space for ironing and folding clothes: _____
- **Basement:** Size: _____ Wall Color: _____ Paint _____ Paper _____ Paneling _____
 Type of Flooring: _____ Condition: _____ Color of Carpet / Stain: _____
 Dehumidifier: _____ Other information about Basement _____
- **Bedroom # 1:** Size: _____ Wall Color: _____ Paint: _____ Paper: _____ Paneling _____
 Type of Flooring: _____ Condition: _____ Color of Carpet / Stain: _____
 Closet: _____ Attached Bathroom: _____ Ceiling Fan: _____

- **Bedroom # 2:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Closet: Attached Bathroom: Ceiling Fan:
- **Bedroom # 3:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Closet: Attached Bathroom: Ceiling Fan:
- **Bedroom # 4:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Closet: Attached Bathroom: Ceiling Fan:
- **Bathroom #1:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Location: Tub: Shower: Ventilated:
- **Bathroom #2:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Location: Tub: Shower: Ventilated:
- **Bathroom #3:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Location: Tub: Shower: Ventilated:
- **Bathroom #4:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Location: Tub: Shower: Ventilated:
- **Study:** Size: Wall Color: Paint: Paper: Paneling
Type of Flooring: Condition: Color of Carpet or Stain:
Location: Attached Bathroom Closets: Paneling
- **Recreation/Family Room:** Size: Wall Color: Paint: Paper:
Type of Flooring: Condition: Color of Carpet or Stain:
Location: Attached Bathroom: Closets:
- **Closets/Storage Space (other than those in already listed under bedrooms)**
How many: Locations:

	Materials & Composition	Condition	Last Inspected	Last Maintained	Recommendations
Roof					
Gutters/Downspouts					
Exterior Paint					
Brick/Stone					
Garage					
Outside Lighting					
Outside Water					
Lawn & Trees					
Foundation					
Basement					
Finished?					
Attic Finished?					
Other					

- How many car garage: _____ Is the driveway paved? Material?
- Is there an electric garage door opener?
- Is the garage attached to the house?
- Is other storage available? What type? Describe
- Where is the maintenance & lawn equipment stored?
- Are any of the following at the parsonage? Leaf Blower: Snow Blower: Lawn Mower:
- What size is the lawn? Is it fenced in? Material?
- When was the parsonage built? Any additions?
- Has there been a licensed inspection? Name type & date
- Are all electrical boxes properly grounded?
- What type of heating system is in the parsonage?
- Is the house air-conditioned? Type of AC
- What size is the hot water tank? Date installed:
Recommendations for hot water tank:
- Is there a water softener? Who maintains the softener?
- Is the water system: City/County: Cistern: Well: Date water tested:
- Is the sewer System: City/County: Septic:
- Does the parsonage have a doorbell? Does the doorbell work properly?
- Are there multiple extension cords or adapters? Why?
Recommendations:
- Any problems with sewer/waste water drainage? Describe
Recommendations:
- Are all sinks and toilets working properly? If no, why?
Recommendations:
- Are all tub/shower drains working properly? If no, why?
Recommendations:

	Conditions		Conditions
Stove:	_____	Study Equipment	
Fridge/Freezer	.	Doorbells	
Washer	.	TV/Cable/Antenna	
Dryer	.	Internet connection	
Kitchen Cabinets	.	Storm Windows	
Dishwasher	.	Storm Doors	
Garbage Disposal	.	Locks	
Closets	_____	Insulation	
Storage Space Stair	.	Mower	
Railings-inside	.	Snow Removal	
Stair Railings-outside	.	Play Space	
Air Conditioning	.	Inside Lighting	
Drapes/Rods		Outside Lighting	
Other:		Fireplace Screens	

*** Please be as descriptive as possible about the conditions of everything, and include anything else that you feel should be mentioned. Remember that a new family may need this to make a good decision about using the church housing. Present the parsonage in a good light, but do not embellish the true conditions of it.**

ACTION PLAN FOR NEEDED REPAIRS

COMMENTS

PLEASE MAKE COMMENTS ABOUT THE GENERAL CONDITION OF THE PARSONAGE. THE PARSONAGE FAMILY SHOULD BE CONSULTED AS TO WHAT THEY PERCEIVE THE NEEDS OF THE PARSONAGE TO BE.

Trustee/Parsonage Chairperson Signature

Pastor's Signature

Trustee/Parsonage Chairperson Signature

Address of Parsonage

THIS FORM SHOULD BE COMPLETED IN THE FALL AND INCLUDED IN THE CHARGE CONFERENCE REPORTS.

Please distribute the following:
--One copy to District Office
--One copy to Trustee Chair
--One copy to Parsonage Chair
--One copy to parsonage Family
--One copy to SPR Chair
Please attach a copy to the omnibus