

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 adequate 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 adequately furnished and maintained? Yes ___ No___ Total number of bedrooms: _____. Current condition of bedroom furnishings: _____

2. Foyer. Is there an adequately furnished and maintained foyer? Yes__ No__. Current condition of foyer furnishings: _____
3. Living Room. Is there an adequately furnished and maintained living room measuring at least 280 square feet (or living-dining room combination measuring at least 330 square feet)? Yes__ No__. If No, please describe: _____
- Current condition of living room furnishings: _____
4. Dining Room. Is there an adequately furnished and maintained dining room? Yes__ No__. If No, please describe: _____
- Current condition of dining room furnishings: _____
5. Family Room/Den. Is there a family room/den? Yes__ No__.
6. Utility Room. Is there a utility room? Yes__ No__.
7. Garage. Is there a garage? Yes__ No__.
8. Bathrooms. Are there at least 1 1/2 baths? Yes__ No__.
9. Storage. Is there ample dry storage space large enough for major pieces of furniture and large packing boxes? Yes__ No__.
10. Accessibility for Handicapped. Is there, on the ground floor level, one room that could be used as a bedroom by a person with a handicapping condition? Yes__ No__. A fully accessible bathroom? Yes__ No__. Fully accessible laundry facilities? Yes__ No__.

If No is answered to any of questions C.1-10, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?

11. Pastor's Office. It is recommended that the Pastor's Office be in the/a local church, not in the Parsonage. Is the pastor's office in the parsonage? Yes__ No__.-If out of necessity the Office is in the Parsonage, then it is to be on the first floor. Is it on the first floor? Yes__ No__ HOUSING NECESSITIES

1. Is there a central HVAC system? 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 annual servicing of all heating and air-conditioning equipment provided? Yes__ No__. Date of last inspection _____. Name and telephone number of service company:

4. Are there dead-bolt locks on all exterior doors? Yes__ No__.
5. Are smoke detectors, carbon-monoxide detectors and fire extinguishers installed and in working order? Yes__ No__. Provide dates of last inspection for each:

6. 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: _____
7. 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: _____
8. Are all major appliances supplied and maintained? Yes__ No__ Comment:
9. Is the kitchen adequately equipped? Yes__ No__ Comment:

If No is answered to any of questions D.1-9, what is being done to bring these items up to Minimum Standards for the Parsonage, and by what date can this be accomplished?

D. 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 2 years, when will the well be tested? _____. Did the well pass most recent test? Yes__ No__. If No, by

what date will this be remedied? _____ (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?

E. 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___.

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?

F. 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: _____

G. KEY DOCUMENTS

Location of user manuals and warranty documents for all church-owned appliances and equipment:

H. ADDITIONAL RECOMMENDATIONS OR COMMENTS:

SIGNATURES:

Chairperson, Pastor-Parish Relations Committee

Chairperson, Trustees

Pastor

Date _____

Reviewed and Revised by Cabinet 03/2018