

VIRGINIA CONFERENCE PARSONAGE INVENTORY

DATE: _____

A. GENERAL

Charge: _____

Location address of Parsonage: _____

Mailing Address of Parsonage (if different): _____

B. ROOMS IN PARSONAGE

Name of Room (As Applicable)	Dimensions (feet)	What Floor	Number of Closets	Comment (e.g., Not Heated) (List Furnishings in Section G)
Foyer, Entry Hall	x	B 1 2 3		
Living Room	x	B 1 2 3		
Sitting Room	x	B 1 2 3		
Den	x	B 1 2 3		
Recreation, Family Room	x	B 1 2 3		
Recreation, Family Room	x	B 1 2 3		
Pastor's Study	x	B 1 2 3		If in Parsonage
Office	x	B 1 2 3		If in Parsonage
Dining Room	x	B 1 2 3		
Breakfast Room	x	B 1 2 3		
Kitchen	x	B 1 2 3		
Bedroom #1	x	B 1 2 3		
Bedroom #2	x	B 1 2 3		
Bedroom #3	x	B 1 2 3		
Additional Bedroom	x	B 1 2 3		
Additional Bedroom	x	B 1 2 3		
Bathroom #1	x	B 1 2 3		Tub __; Shower __; Number Sinks __
Bathroom #2	x	B 1 2 3		Tub __; Shower __; Number Sinks __
Additional Bathroom	x	B 1 2 3		Tub __; Shower __; Number Sinks __
Porch	x	B 1 2 3		Screened? __; Encl. w/ Windows? __
Hallway #1	x	B 1 2 3		
Hallway #2	x	B 1 2 3		
Laundry Room	x	B 1 2 3		
Garage (G)	x			Attached? __; Detached? __
Shop	x	B 1 2 3 G		
Carport	x			
	x	B 1 2 3 G		
	x	B 1 2 3 G		
	x	B 1 2 3 G		
	x	B 1 2 3 G		

C. DETAILS FOR UTILITIES

1. Does Parsonage have central heating? Yes ___ No ___. If Yes, identify heating type(s): Gas ___; Fuel Oil ___; Electricity ___; Coal ___; Other ___; (Specify: _____).
2. Is Parsonage heated by individual room heaters? Yes ___ No ___. If Yes, provide numbers of each type: Gas ___; Electricity ___; Coal ___; Wood ___; Kerosene ___; Fireplace ___; Other ___ (Specify: _____).
3. Does Electrical Cabinet use Fuses? ___; Circuit Breakers? ___; Fuse Size(s) _____ (amps); Are fuses/circuit breakers individually labeled? ___; Location: _____

4. Water Shutoff Valve(s): Please provide location(s): _____

D. PARSONAGE FACILITIES AND APPLIANCES

1. Air Conditioning. Central A/C? ___; Room A/C? ___ (Number of Units: ___); None ____.
2. Electricity. Yes ___; No ___. Service Provider _____; Wired for 220 volts? ____.
3. Sewage Disposal. Municipal ___; Septic Tank and Field ___; Outhouse ____.
4. Running Water. Municipal ___; Well ___; Other (Specify) _____; None ____.
5. Trash Collection. Municipal ___; Private ___; How Often _____; None ____.
6. Type of Cooking Stove. Electric ___; Gas ___; Other (Specify Type) _____.
7. Other Appliances and Equipment Provided. Refrigerator ___; Vacuum Cleaner ___; Garbage Disposal Unit ___; Freezer (Separate from Refrigerator) ___; Dishwasher ___; Hand Lawn Mower ___; Power Lawn Mower ___; Storm Windows; Other (Specify) _____
_____.
8. Yard. Partially Fenced Yard ___; Fully Enclosed and Fenced Yard ___; Space for Flower Garden ___; Space for Vegetable Garden ___; Shed for Lawn and Gardening Tools ___; Other (Specify) _____
_____.
9. Other (Specify) _____

_____.

E. STORAGE AREAS (Check and Describe As Applicable)

1. Attic. Attic Reached by Fixed Stairs ___; Attic Reach by Pull-Down Stairs ___; Attic Reached by Ladder ____.
2. Other Storage. Dry Basement Storage ___; Other Storage Space (Specify) _____
_____.
3. Furniture Storage. Is any of the above storage space so arranged as to admit storage of large pieces of furniture? _____

F. SCHOOLS

1. Name of County or City in whose school area Parsonage is Located: _____.
2. Distance (miles) to: Public Elementary School ____; Public Middle (or Intermediate) School ____; High School ____; Other (Describe) _____.
3. Are buses provided to: Elementary School ____; Middle (or Intermediate) School ____; High School ____; Other (Describe) _____.

G. PUBLIC TRANSPORTATION

1. Distance (miles) from Parsonage to nearest publication transportation: _____.
2. Distance (miles) to nearest full-service shopping area: _____.
3. Is there a grocery store within walking distance? _____. How far? _____.
4. How far is Parsonage from the Church (if a circuit, give distance to nearest church in circuit)? _____.
5. Distance (miles) from Parsonage to nearest Hospital: _____.
6. Distance (miles) from Parsonage to the Rescue Squad: _____.
7. How far is the nearest neighbor? _____.

H. INVENTORY OF FURNISHINGS AND EQUIPMENT (Add Additional Sheets As Necessary)

[List furniture, lamps, mirrors, rugs, carpets, drapes, custom pads or table linens for dining room, etc.]

Room	Items in Room	Purchase Date/Cost
Living Room		
Dining Room		
Kitchen		
Bedroom #1		

Room	Items in Room	Purchase Date/Cost
Bedroom #2		
Bedroom #3		
Extra Bedroom		
Other		

SIGNATURES:

Chairperson, Pastor-Parish Relations Committee

Chairperson, Trustees

Pastor

Date _____

Reviewed and updated by Cabinet May 21,2020