

Church: \_\_\_\_\_ Pastor: Rental Empty

Name of Occupant: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

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

Square Footage of Parsonage \_\_\_\_\_ Style of Parsonage: Ranch Cape Cod Colonial 2 Story

Is parsonage handicap accessible? Yes No Is back yard fenced in? Yes No Year Parsonage was built

Instructions: Please provide one copy each to \_\_\_ Board of Trustees \_\_\_ SPRC \_\_\_ Pastor

Please send a copy to your District Office along with your Church/Charge Conference forms

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: \_\_\_\_\_
- b. testing for lead in both paint and water be conducted every 5 years

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	
TV Antenna				
Glass/Window Sash				
Trim				
Lighting				
Driveway				
Sidewalk				
Steps				
Landscape				
Lawn Condition				
General Appearance				
Other				

**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.**

**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.

9a. Is lead present?  Yes  No

If "yes", please list location of lead?

9b. Is there mold or the odor of mold present?  Yes  No

If "yes", please list location of mold?

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 copy each to: District Superintendent, Pastor, Trustees, and S/PPRC