

The Evangelical Congregational Church
Annual Church-Owned Parsonage Review Form

(According to National Conference Rule 1002.b, this form is to be used for an annual 'walk-thru' of church-owned parsonages at the time that the pastor's salary is set.)

Church _____

Date _____

Pastor: (Please complete your portion of the review prior to the walk-thru.)

_____ Was this walk-thru set for a mutually agreeable date and time? If not, please explain.

_____ Do you carry a renter's insurance policy on your contents of the parsonage?

_____ List any items within the parsonage that are the responsibility of the church that you feel need repaired, replaced, or upgraded. Please list in order of priorities.

_____ List any items that you would like your local church governing board to consider for your parsonage.

Annual Parsonage Review: (The 'walk-thru' and this form is to be completed by a Steward or a member of the Finance committee or a member of the group responsible for setting the pastors' salary and a Trustee and the Lay Delegate.)

_____ Was this walk-thru set for a mutually agreeable date and time? If not, please explain.

Please review and complete the following checklist as you make the 'walk-thru' the parsonage. Note that NOT all items listed in the checklist will apply to every parsonage. (R) is an item required by rule 1002.b.

Living room:

Carpet (R) - _____ Is it provided?
_____ When was it last replaced?
_____ Does it need replaced?
_____ Who is responsible for the cleaning?
_____ Paint
_____ Other Flooring
_____ Ceiling Fans / Lighting fixtures
_____ Foyer

Drapes or Other Window Coverings (R)-
_____ Are they provided
_____ When were they last replaced?
_____ Do they need replaced?
_____ Who is responsible for the cleaning?
_____ Other

Kitchen:

Refrigerator (R)- _____ Is it provided?
_____ How old is it?
_____ In good operation?
_____ If not, what is the problem?
_____ Dishwasher, if provided
_____ Paint
_____ Flooring
_____ Ceiling Fans/Lighting Fixtures

Stove (R)- _____ Is it provided?
_____ How old is it?
_____ In good operation?
_____ If not, what is the problem?
_____ Garbage Disposal, if provided
_____ Other

Dining Room

_____ Paint
_____ Flooring/or carpeting
_____ Ceiling Fans / Lighting fixtures
_____ Other

Laundry

Washer - _____ Is it provided?
_____ How old is it?
_____ In good operation?
_____ If not, what is the problem?
Dryer - _____ Is it provided?
_____ How old is it?
_____ In good operation?
_____ If not, what is the problem?

Family Room/Den:

_____ Paint
_____ Flooring/or carpeting

- Ceiling Fans / Lighting fixtures
- Fireplace
- Other

Hallway and Stairs:

- Paint
- Flooring / or carpeting
- Lighting
- Other

Bathroom(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Paint | <input type="checkbox"/> Paint | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Flooring / or carpeting | <input type="checkbox"/> Flooring / or carpeting | <input type="checkbox"/> Flooring / or carpeting |
| <input type="checkbox"/> Fixtures | <input type="checkbox"/> Fixtures | <input type="checkbox"/> Fixtures |
| <input type="checkbox"/> Exhaust Fan/lighting | <input type="checkbox"/> Exhaust Fan/lighting | <input type="checkbox"/> Exhaust Fan/lighting |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Bedrooms:

- | | | |
|--|--|--|
| <input type="checkbox"/> Paint | <input type="checkbox"/> Paint | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Flooring / or carpeting | <input type="checkbox"/> Flooring / or carpeting | <input type="checkbox"/> Flooring / or carpeting |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Basement:

Furnace and Air Conditioning:

- | | |
|--|--|
| <input type="checkbox"/> Are they in proper working order? | <input type="checkbox"/> Filters replaced and/or cleaned? |
| <input type="checkbox"/> When was it last replaced? | <input type="checkbox"/> Who is responsible for maintenance? |

Electrical: Enough outlets and power into the house? Any problems, please explain.

- Plumbing: Plumbing adequate -for the bathrooms, kitchen and laundry?
 Water leaks?
 Water Heater -- working and adequate for this family?
 Water Softener, if provided

Other:

Garage:

- Garage Door
- Lighting
- Other

Parsonage Structure:

- Windows, storm windows or insulated windows
- Storm doors, screen doors and outside doors
- Insulation
- Roof
- Other

Outside:

- Outside landscaping and care
- Outside lighting
- Sidewalks, porch, driveway
- Deck, patio
- Other

Safety Issues:

Smoke Detectors and Fire Escape Ladder (R)

- | |
|---|
| <input type="checkbox"/> Are they provided and located in all areas of the house as suggested by fire safety officials? |
| <input type="checkbox"/> Are there batteries and who provides them and who installs them? |

Deadbolts and Locks on the Doors:

Broken Doors, windows, sidewalks, steps or stairs, etc. that pose a safety hazard?

Other:

Is the church paying for the following parsonage utilities as mandated under National Conference rule 1002.b?

_____	Electric
_____	Gas or Oil
_____	Water and sewer
_____	Base Telephone

_____ Does the church have adequate insurance against fire or other loss of property in regards to the parsonage?

List priorities for the upkeep and repair of parsonage:

Immediate Needs—

One Year –

Five Years -

Signed: _____

Date: _____

Copies to: Pastor, Conference Minister, and placed in minutes of the Official Board or Ministry Council.

(Compensation Committee, April, 2010)