

PARSONAGE REPORT

(To be completed only if parsonage is provided by church)

_____ DISTRICT CHURCH: _____
 Address of parsonage: _____
 Date of most recent inspection: _____ Date of Parsonage purchase: _____
 Age of Parsonage: _____ Total rooms: _____
 Check rooms included in parsonage: living room dining room family room
 Study garage den bedrooms (#) _____ bathrooms (#) _____ laundry room
 Other (describe) _____
 CLERGY FAMILY: _____ Number of years in parsonage: _____
 Number of persons living in parsonage: _____ Adults: _____ Children under 18: _____
 Has a committee from S(P)PRC or the Trustees inspected the parsonage in the last year? Yes No
 Does the parsonage committee hold regular meetings? Yes No
 Chairperson of parsonage committee: _____

	NEEDS IMMEDIATE ATTENTION	SATISFACTORY	OUTSTANDING
1. OUTSIDE			
a. landscaping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. yard upkeep	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. exterior paint	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. exterior doors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. fencing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. sidewalks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. driveways	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. roof	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. planters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. garage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

2. INSIDE			
a. carpeting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. drapes/curtains	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. paint	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. kitchen fixtures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. kitchen appliances (church owned)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

	NEEDS IMMEDIATE ATTENTION	SATISFACTORY	OUTSTANDING
f. furniture (church owned)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. walls	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. ceiling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. bathrooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. laundry room appliances (church owned)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

3. INSURANCE			
	Include name of insurance company _____		
a. fire coverage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. liability coverage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Homeowners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

REPAIRS NEEDED: PLEASE LIST IN ORDER OF PRIORITY

LOCATION

TYPE OF REPAIR

COST OF REPAIR

DATE TO BE COMPLETED

1. OUTSIDE

a.

b.

c.

d.

2. INSIDE

a.

b.

c.

d.

3. INSURANCE

a.

b.

c.

4. OTHER (list)

a.

b.

c.

d.

FIVE YEAR PLAN(S) FOR PARSONAGE (Prioritize)

YEAR 1 _____.

YEAR 2 _____.

YEAR 3 _____.

YEAR 4 _____.

YEAR 5 _____.

NAME

POSITION

SIGNATURE

DATE
