
United Methodist Church
_____, Nebraska

DISTRICT OFFICE/SPRC/TRUSTEES
PART OF SPRC ANNUAL REVIEW

2011 PARSONAGE REVIEW REPORT*

"The chairperson of the Board of Trustees or the chairperson of the Parsonage Committee, if one exists, the chairperson of the Committee on Pastor-Parish Relations, and the pastor shall make an annual review of the church-owned parsonage to ensure proper maintenance." (§2532.4, 2008 Discipline). **(Biannual walk-throughs are encouraged.)** The parsonage family will be held financially accountable for damage other than normal wear and tear.

Complete this form along-with the SPRC annual review and submit to the District Office. You are encouraged to save this form on your computer so that an up-date can be done more easily each year.

1. **Exterior:** Year house was last painted/siding _____; condition _____. Year exterior doors replaced _____; condition _____. Year windows installed _____; condition _____. Year roof installed _____; condition _____. Date gutters were cleaned and repaired _____. Condition of: walks/drive _____, deck/patio _____, storage shed _____, front steps _____, rear steps _____; Condition of the lawn, trees and shrubs _____. Year lawn sprinkler system installed _____; condition _____. Who is responsible for mowing _____, fertilizer/insecticide _____, snow removal _____.
2. **Garage:** One ___ or two ___ car garage. Overhead door(s) _____; Year installed _____; condition _____. Is door opener(s) provided _____; how many _____. Well-lighted _____. Locks work properly _____. Is garage kept free of trash _____.
3. **Living room:** Size: _____ Year carpet was installed _____; condition _____ Year drapes were installed _____; condition _____. Year drapes and carpet professionally cleaned _____. Year room was painted _____; condition _____.
4. **Dining room:** Size: _____ Year carpet was installed _____; condition _____. Year drapes were installed _____; condition _____. Year drapes and carpet professionally cleaned _____. Year room was painted _____; condition _____.
5. **Family room:** Size: _____ Year carpet was installed _____; condition _____. Year drapes were installed _____; condition _____. Year drapes and carpet professionally cleaned _____. Year room was painted _____; condition _____.
6. **Kitchen:** Size: _____ Year floor covering was installed _____; condition _____. If carpet, year it was cleaned _____. Year walls were painted _____; condition _____. Year of purchase for: Stove _____, gas ___ or electric ___; condition _____. Microwave _____; condition _____. Garbage disposal _____; condition _____. Refrigerator/freezer _____; condition _____. Chest freezer _____; condition _____. Dishwasher _____; condition _____. Condition of exhaust fan _____. Condition of plumbing _____. Date fire extinguisher(s) was last inspected _____.
7. **Utility room:** Size: _____ Year floor covering was installed _____; condition _____. Condition of plumbing _____. Year of purchase for washer/dryer _____, gas ___ or electric ___; condition _____.
8. **Bath #1:** Size: _____ Year floor covering installed _____; condition _____. Year wall tile was installed _____; condition _____. Year painted _____; condition _____. Year toilet replaced _____; condition _____. Year sink replaced _____; condition _____. Year tub/shower replaced _____; condition _____. Year lighting replaced _____; condition _____.
- Bath #2:** Size: _____ Year floor covering installed _____; condition _____. Year wall tile was installed _____; condition _____. Year painted _____; condition _____. Year toilet replaced _____; condition _____. Year sink replaced _____; condition _____. Year tub/shower replaced _____; condition _____. Year lighting replaced _____; condition _____.
9. **Bedroom #1:** Size: _____ Year floor covering installed _____; condition _____. Year drapes installed _____; condition _____. Year carpet and drapes professionally cleaned _____ Year painted _____; condition _____. Are fire/smoke detectors working properly _____.
- Bedroom #2:** Size: _____ Year floor covering installed _____; condition _____. Year drapes installed _____; condition _____. Year carpet and drapes professionally cleaned _____ Year painted _____; condition _____. Are fire/smoke

detectors working properly _____.

Bedroom #3: Size: _____ Year floor covering installed _____; condition _____. Year drapes installed _____; condition _____. Year carpet and drapes professionally cleaned _____ Year painted _____; condition _____. Are fire/smoke detectors working properly _____.

Bedroom #4: Size: _____ Year floor covering installed _____; condition _____. Year drapes installed _____; condition _____. Year carpet and drapes professionally cleaned _____ Year painted _____; condition _____. Are fire/smoke detectors working properly _____.

10. **Home Office/Den:** Size: _____ Year floor covering installed _____; condition _____. Year drapes installed _____; condition _____. Year carpet and drapes professionally cleaned _____. Year room painted _____; condition _____.

11. **Furnace Room:** Size: _____ Year furnace was installed _____; condition _____. Year furnace professionally inspected _____. Year air conditioner installed _____; condition _____. Year air conditioner professionally inspected _____. Year hot water heater installed _____; condition _____. Year water softener installed _____; condition _____. Is furnace room kept clean of clutter and trash _____. Are filters changed quarterly _____. Year fireplace professionally cleaned and inspected _____, wood _____ or gas _____; condition _____.

12. **Safety Equipment:** Smoke Alarms ____ Yes ____ No; how many _____ Fire Extinguishers ____ Yes ____ No. Radon detectors ____ Yes ____ No. Carbon Monoxide Detectors ____ Yes ____ No; how many _____

13. **Accessibility:** What aspects of the parsonage are handicapped accessible: Exterior doors ____ Yes ____ No. Interior hallways and doorways ____ Yes ____ No. Ramps/chairlifts rather than stairs - Interior ____ Yes ____ No and Exterior ____ Yes ____ No. Tub/shower ____ Yes ____ No. Toilet ____ Yes ____ No; Other: _____

List any features which are helpful for those with mobility limitations (i.e. grab bars in tub/shower; main floor bedroom and bath).

14. **Pets:** Does the parsonage family have a pet(s) _____. Specify species, number, and age of pet(s): _____ Does the pet(s) create damage/odors _____
(The Trustees may assess a bill to the pastor for repairs or replacement if damage exceeds normal wear and tear.)

15. **General care:** Trustees, does the pastor's family provide adequate care for the home? _____
Pastor, does the Board of Trustees provide adequate maintenance of the home? _____
Does the pastor have personal content insurance? _____.

17. Location of manuals and warranties for appliances. _____

18. Approximate annual cost of utilities:

| | | | |
|----------------|----------|-----------------------------|----------|
| Gas | \$ _____ | Water and Sewer | \$ _____ |
| Electricity | \$ _____ | Cable TV | \$ _____ |
| Water Softener | \$ _____ | Phone (less long distance) | \$ _____ |
| Internet | \$ _____ | (____ indicate if wireless) | |

Staff/Pastor Parish Relations Committee Chairperson

Trustees Chairperson

Pastor

Date: