



Parsonage Condition Report

The parsonage shall be inspected by at least 2 members of the Leadership Team, or it's equivalent, and the pastor before the pastor takes possession and once the pastor has checked out of the home. It is suggested there be an annual inspection of the dwelling and grounds in order to be proactive with regards to minor deficiencies before they become major problems.

Repairs made to damages that are beyond normal wear and tear are at the expense of the exiting pastor.

| | <i>(Circle appropriate)</i> | <i>Year</i> | <i>Notes</i> |
|--------------------|---|--------------------|---------------------|
| 1. Exterior | Walls – Painted or Sided | _____ | |
| <hr/> | | | |
| | Doors – Original or Replaced | _____ | |
| <hr/> | | | |
| | Windows - Original or Replaced | _____ | |
| <hr/> | | | |
| | Roof – Last repaired in | _____ | |
| <hr/> | | | |
| | Outlets – Working or Not, checked | _____ | |
| <hr/> | | | |
| | Gutters – Last cleaned | _____ | |
| <hr/> | | | |
| | Driveway/sidewalk condition or notes | | |
| <hr/> | | | |
| | Fence condition or notes | | |
| <hr/> | | | |
| | Deck or Patio condition or notes | | |
| <hr/> | | | |
| | Sprinkler system notes | | |
| <hr/> | | | |
| | Storage Shed notes | | |
| <hr/> | | | |
| | Front and rear step notes | | |
| <hr/> | | | |
| | Lawn/trees/shrub notes | | |
| <hr/> | | | |
| | Who is responsible for mowing, fertilizer, tree/shrub trimming and snow removal | | |

2. **Garage:** Number of Openers _____ Year installed _____

Notes on lighting

Notes on outlets and wiring

Notes on locks and doors

3. **Interior:** If furnished, list details

Carpet installed year and notes _____

Other flooring year and notes _____

Window covering details (prof cleaned?)

Window trim year/condition/notes

Kitchen appliances year and notes _____

Refrigerator _____

Disposal _____

Microwave

Oven _____

Dishwasher _____

Freezer _____

Fire extinguisher was serviced

4. **Utility room notes**

Washer dryer year and notes _____

Floor drain last cleaned out and notes _____

5. **Bathrooms** Number of half baths _____ Number of full baths _____
note locations

_____ #1 – Tile or Paint Year renovated _____ Notes

_____ #2 – Tile or Paint Year renovated _____ Notes

_____ #3 – Tile or Paint Year renovated _____ Notes

_____ #4 – Tile or Paint Year renovated _____ Notes

6. **Bedrooms** Number of bedrooms _____ note paint, carpet dates and condition

_____ #1 – Carpet or wood Year renovated _____ Notes

_____ #2 – Carpet or wood Year renovated _____ Notes

_____ #3 – Carpet or wood Year renovated _____ Notes

_____ #4 – Carpet or wood Year renovated _____ Notes

_____ #5 – Carpet or wood Year renovated _____ Notes

7. **Specialty rooms** – Office Den Study Sun notes

8. **Ceiling fan** years, placement, notes

9. **Furnace** year _____ serviced/inspected _____ Filters replaced quarterly

10. **Air conditioner** year _____ serviced/inspected _____

11. **Safety equipment** radon carbon monoxide smoke alarms

12. **Accessibility** is home ADA compliant Y N ramp condition

13. **Pet provisions** Allowed Y N Deposit required _____

14. **General observations**

Signatures:

Church Representative

Date

Church Representative

Date

Attach photos/documentation as needed