

CHURCH NAME: _____ CHURCH #: _____ DISTRICT: _____

ON-SITE PARSONAGE INSPECTION AND EVALUATION

**Parsonage
Location:**

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

| Item | Meets Parsonage Standards Requirements? | | Specify condition and corrective action to be taken if needed, specify rooms when necessary. | Estimated Cost |
|--------------------------|---|-------|--|----------------|
| | ✓YES | ✓NO | | |
| Fire Extinguisher | _____ | _____ | _____ | _____ |
| Smoke Alarms | _____ | _____ | _____ | _____ |
| Carbon Monoxide Detector | _____ | _____ | _____ | _____ |
| Heating System | _____ | _____ | _____ | _____ |
| Cooling System | _____ | _____ | _____ | _____ |
| Electrical System | _____ | _____ | _____ | _____ |
| Plumbing System | _____ | _____ | _____ | _____ |
| Kitchen Range | _____ | _____ | _____ | _____ |
| Refrigerator | _____ | _____ | _____ | _____ |
| Dish Washer | _____ | _____ | _____ | _____ |
| Disposal | _____ | _____ | _____ | _____ |
| Clothes Washer & Dryer | _____ | _____ | _____ | _____ |
| Exhaust Fans | _____ | _____ | _____ | _____ |
| Bathroom(s) Fixtures | _____ | _____ | _____ | _____ |
| Floor Coverings | _____ | _____ | _____ | _____ |
| Drapes/Blind/Shades | _____ | _____ | _____ | _____ |
| Walls: Paint | _____ | _____ | _____ | _____ |
| Wallpaper | _____ | _____ | _____ | _____ |
| Paneling | _____ | _____ | _____ | _____ |
| Ceilings | _____ | _____ | _____ | _____ |
| Storage Areas | _____ | _____ | _____ | _____ |
| Cabinets | _____ | _____ | _____ | _____ |
| Bookshelves | _____ | _____ | _____ | _____ |
| Insulation | _____ | _____ | _____ | _____ |
| Storm Windows / Doors | _____ | _____ | _____ | _____ |
| Building Exterior / Roof | _____ | _____ | _____ | _____ |
| Landscaping | _____ | _____ | _____ | _____ |
| Lawn Mower | _____ | _____ | _____ | _____ |
| TV Antenna/Cable | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

We, the undersigned, conducted the on-site inspection/evaluation of the parsonage on (date) _____

_____ TRUSTEES CHAIR

_____ STAFF/PARISH CHAIR

_____ PASTOR