

2024 Parsonage Inspection & Evaluation



Church Name: _____

GCFA #: _____

Parsonage Location: _____ Year Home Built: _____

Street, City, State, Zip

School District: _____

Is the parsonage occupied? _____ Pastor _____ Renter _____ Other _____

Home Details: # Bedrooms _____ # Bathrooms _____ Basement? Y N Finished? Y N Attic? Y N Finished? Y N Garage? Y N

Item Name / Required Standards Met?*	Specify Condition and Corrective Action (if needed)	Corrective Action Est. Cost
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Appliances:

Dishwasher	Y N	_____	\$ _____
Disposal	Y N	_____	\$ _____
Range & Microwave	Y N	_____	\$ _____
Refrigerator	Y N	_____	\$ _____
Washer & Dryer	Y N	_____	\$ _____

Fixtures:

Antenna/Cable	Y N	_____	\$ _____
Bathroom Fixtures	Y N	_____	\$ _____
Cabinets	Y N	_____	\$ _____
Ceilings	Y N	_____	\$ _____
Closets/Storage Areas	Y N	_____	\$ _____
Drapes/Blind/Shades	Y N	_____	\$ _____
Exhaust Fans	Y N	_____	\$ _____
Floor Coverings	Y N	_____	\$ _____
Walls/Wall Coverings	Y N	_____	\$ _____
Windows/Doors	Y N	_____	\$ _____

Safety:

Carbon Monoxide Detector	Y N	_____	\$ _____
Chimney/Fireplace	Y N	_____	\$ _____
Fire Extinguisher	Y N	_____	\$ _____
Smoke Alarms	Y N	_____	\$ _____

Systems:

Electrical System	Y N	_____	\$ _____
Heating & Cooling System	Y N	_____	\$ _____
Plumbing System	Y N	_____	\$ _____
Water Heater/Sump Pump	Y N	_____	\$ _____

Yard/ Exterior:

Building Exterior/Roof	Y N	_____	\$ _____
Driveway/Steps	Y N	_____	\$ _____
Insulation	Y N	_____	\$ _____
Landscaping/Lawn	Y N	_____	\$ _____
Lawn Mower	Y N	_____	\$ _____

Other _____ Y N _____ \$ _____

Signatures and date of onsite inspection and evaluation:

Chair, Board of Trustees: _____ Date: _____

Chair, Staff/Pastor Parish Relations: _____ Date: _____

Return a copy of this completed, signed form to your district office or upload it into the My Church database.

*Please see the West Ohio Conference parsonage standards at <https://www.westohioumc.org/parsonage-standards> for current standards.