ANNUAL 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)

To assure that proper review and care has been provided, the following information should be reviewed and updated annually.

**CHARGE** _____________________________________________ Date __________
Location of the Parsonage _____________________________________________
(Street address if possible) _____________________________________________
Please attach pictures of the front and back of the house. Other interior pictures would also be helpful.

**EXTERIOR**

**Siding:**
Type of House Siding (i.e. clapboard, vinyl, steel, stucco, brick): __________________________
Condition of exterior: _____________________________________________
Date of last maintenance to exterior? _____________________________
Please describe the work done: _____________________________________________

**Windows:**
Condition of windows: _____________________________________________
Are the windows insulated glass? _____ Yes _____ No

**Roof:**
Type of Roofing (i.e. asphalt/fiberglass shingles, tile, etc.): ________________
Year roof installed: __________________
Condition of Roof: _____________________________________________
Condition of gutters and downspouts: _____________________________________________

**Yard:**
Condition of lawn, trees, shrubs, etc.: _____________________________
Does the church provide for fertilizing/insecticide? _____ Yes _____ No
Does the church provide a lawn mower? _____ Yes _____ No Snow blower? _____ Yes _____ No
Is there a lawn sprinkler system? _____ Yes _____ No
Is there a storage shed for yard tools? _____ Yes _____ No

**Garage:**
Number of stalls: _____ Dimensions of the garage: _____ x _____
Is the garage well lighted? _____ Yes _____ No Do the locks work properly? _____ Yes _____ No
Is there automatic door opening? _____ Yes _____ No
Is the garage attached to the house? _____ Detached from the house? _____
Is the garage insulated? _____ Yes _____ No Heated? _____ Yes _____ No

**INTERIOR**
Number of rooms in the parsonage:
Number of bedrooms:
Number of bathrooms:
Living Room: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________

Dining Room: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________

Family Room: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________

Kitchen: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________

Utility Room: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________

Bathroom # 1: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________

Bathroom # 2: Room dimensions: _____ x _____
Type of floor covering: ______________ Year the floor covering was installed: __________
Condition of floor covering: ______________ Are the walls papered or painted? __________
Year walls were papered or painted: __________
Condition of walls: ______________
Describe the window treatment: ______________ Date professionally cleaned: __________
Bathroom # 3: Room dimensions: _____ x _____
Type of floor covering:_________ Year the floor covering was installed: ________
Condition of floor covering:__________________________
Are the walls papered or painted? ________ Year walls were papered or painted:_________
Condition of walls:_____________________________________
Describe the window treatment:____________________________
Condition of window treatment: _______ Date professionally cleaned: ________________

Master Bedroom: Room dimensions: _____ x _____
Type of floor covering:_________ Year the floor covering was installed: ________
Condition of floor covering:__________________________
Are the walls papered or painted? ________ Year walls were papered or painted:_________
Condition of walls:_____________________________________
Describe the window treatment:____________________________
Condition of window treatment: _______ Date professionally cleaned: ________________

Bedroom # 2: Room dimensions: _____ x _____
Type of floor covering:_________ Year the floor covering was installed: ________
Condition of floor covering:__________________________
Are the walls papered or painted? ________ Year walls were papered or painted:_________
Condition of walls:_____________________________________
Describe the window treatment:____________________________
Condition of window treatment: _______ Date professionally cleaned: ________________

Bedroom # 3: Room dimensions: _____ x _____
Type of floor covering:_________ Year the floor covering was installed: ________
Condition of floor covering:__________________________
Are the walls papered or painted? ________ Year walls were papered or painted:_________
Condition of walls:_____________________________________
Describe the window treatment:____________________________
Condition of window treatment: _______ Date professionally cleaned: ________________

Bedroom # 4: Room dimensions: _____ x _____
Type of floor covering:_________ Year the floor covering was installed: ________
Condition of floor covering:__________________________
Are the walls papered or painted? ________ Year walls were papered or painted:_________
Condition of walls:_____________________________________
Describe the window treatment:____________________________
Condition of window treatment: _______ Date professionally cleaned: ________________

Office/Den: Room dimensions: _____ x _____
Type of floor covering:_________ Year the floor covering was installed: ________
Condition of floor covering:__________________________
Are the walls papered or painted? ________ Year walls were papered or painted:_________
Condition of walls:_____________________________________
Describe the window treatment:____________________________
Condition of window treatment: _______ Date professionally cleaned: ________________

Basement:
What finished living spaces are in the basement? Please describe: __________________________

Does each basement bedroom have an egress window? ____ Yes ____ No
CONDITION OF
*Stove/oven: ___________________________________________ Purchase Date: __________
*Refrigerator/freezer: ___________________________________ Purchase Date: __________
*Clothes washer: ________________________________________ Purchase Date: __________
*Clothes dryer: __________________________________________ Purchase Date: __________
+Microwave oven: _______________________________________ Purchase Date: __________
+Dishwasher: ___________________________________________ Purchase Date: __________
+Garbage disposal: ______________________________________ Purchase Date: __________
+Freezer: ______________________________________________ Purchase Date: __________
+Water conditioner: ______________________________________ Purchase Date: __________
+Lawn mower: __________________________________________ Purchase Date: __________
+Snow blower: __________________________________________ Purchase Date: __________
+Other: ________________________________________________ Purchase Date: __________

GENERAL INFORMATION
How old is the house? __________
Has there ever been any damage to the house due to natural disaster – wind, hail, fire, flooding, sewer backup, sump pump failure? If so, please describe the damage: _____________________________
______________________________________________________________________________

What was done to mitigate the damage? ____________________________________________
______________________________________________________________________________

Has there been/is there mold in the house? If so, please describe the damage: ________________
______________________________________________________________________________

What was done to mitigate the damage? ____________________________________________
______________________________________________________________________________

Has the mold mitigation been documented by a licensed inspector? ____ Yes ____ No

Energy Efficiency:
Has an energy audit been done? ____ Yes ____ No Please attach the results of the audit.
Condition of storm doors: __________________________________________________________
Condition of storm windows: ______________________________________________________
Type of heating: ____________________________ Gas _____ Electric _____ Other _____
Is the heating/cooling system high efficiency? ____ Yes ____ No Year installed: ___________
Year heating system professionally inspected: __________________
Water heater: Gas _____ Electric _____ Date water heater installed: ________________
Air conditioning: central _____ window _____ none _____ other _____ Year installed: ___________
Year air conditioner professionally inspected: __________________

Safety:
Are there smoke alarms? ____ Yes ____ No Are there fire extinguishers: ____ Yes ____ No
Year fire extinguisher were professionally inspected: __________________
Are there carbon monoxide detectors? ____ Yes ____ No

General Care:
Pastoral family care:
Does the pastoral family provide adequate care for the home? __________________________
Does the pastoral family have pets? _____ Does this create damage/odors? ______________
Is the furnace room kept free of clutter? ____________________________________________
Is the garage kept free of trash and clutter? __________________________________________
Is the yard kept well trimmed? _____________________________________________________
Church care:
Does the insurance provide for replacement costs? __________
Note: The church does not provide insurance for the personal property of the parsonage family.
Location of manuals and warranties for appliances: ____________________________
What maintenance, upkeep, repair, remodeling work has been done this last year? ____________
What work will be done in the coming year? ________________________________________
What future projects are planned? ____________________________________________
What is the annual budget for general upkeep of the parsonage? $________________________
How will future major repairs, remodeling or purchase of a new house be funded? ____________
What is the approximate annual cost of utilities, including gas, electricity, water conditioner, water and sewer, cable TV, phone (less long distance)? $__________________

________________________________________
Staff Parish Relations Chairperson

________________________________________
Trustees Chairperson

________________________________________
Pastor

Copies to: Staff Parish Relations Committee, Trustees, Pastor, District Superintendent, church files.
Proposal: Parson Standards Task Force
Members: Revs. Greg Kroger, Bob Ruedebusch, Dean Trapp, Judy Banwart, Steve Ahles, Lori Broschat, Dan Bader and Bob Cappel
Purpose: The Dakotas Conference policy is that a parsonage or housing allowance shall be provided for each clergy appointed with each charge making that determination. However a parsonage is preferred. The following guidelines should be considered with providing a parsonage. “Housing shall not be considered as part of compensation or remuneration, but shall be considered as means provided by the local church, and for the convenience of the local church to enable its ministry and the itinerant ministry of the Annual Conference.”
A clergy couple appointed to a Charge needs to be provided with only one parsonage.
• In Mission congregations or in congregations with characteristics of a mission congregation housing arrangements will be negotiated per paragraph 259.1.a. 4 (2008 Discipline)

I. Standards for Parsonage Furnishings
A. Heating system with humidifier and dehumidifier as needed.
B. Central air conditioning or adequate window air conditioning.
C. Hot water heater. In areas of problem water, proper water conditioning equipment should be provided and the church/charge is responsible for the salt. Also available is water conditioning equipment that could be used that doesn’t require salt.
D. Modern kitchen range and oven with exhaust fan, garbage disposal, refrigerator with freezer, and dishwasher.
E. Washer and dryer of at least standard laundry size.
F. Bundled package of basic cable television or dish, along with landline phone and internet.
G. Lawn mower and snow blower. Lawn care and snow removal could be provided after discussion with SPPRC.
H. Appropriately placed smoke alarms. Carbon monoxide detectors in only those homes with natural gas, fuel oil or propane gas.
I. Appropriate window treatments: including drapes, curtains, blinds, or decorator shades be provided in all windows. All materials shall be fire retardant.
J. Floors on main level(s):
   1) Carpet in living room and dining room or adequate substitute such as attractive hardwood floor with appropriate rugs.
   2) Entry way halls should fit the décor of the living room and dining room
   3) Kitchen: good grade of tile, linoleum or kitchen carpeting.
   4) Bathroom: good grade of tile or linoleum.
   5) Other rooms: i.e. bedroom, den, etc., carpeting or other covering or well finished wood.

Pets: The Clergy leaving a Charge shall be financially liable for any damage to the parsonage above and beyond the normal wear and tear of family living, and for problems created by pets or neglect. If such a situation occurs the District Superintendent shall be informed for inspection. If a church and the DS agree there is damage from a pastor’s pets upon entering a new appointment, if that pastoral family insists on having pets, they must provide a damage deposit equal to the repair and replacement costs incurred in their prior parsonage.

II. On-Going Conditions:
A. It is suggested that at least 2% per annum of the insured value of the parsonage be placed in the church budget of the Trustees for parsonage repair, decorating and
refurbishing.
B. It is the responsibility of the clergy leaving a Charge to fully and properly clean the parsonage. How this will be accomplished will be determined in consultation with the Pastor Parish Relations Committee.
C. When a pastoral change takes place, the Board of Trustees shall evaluate the needs of the parsonage and refurbish accordingly. The clergy leaving the Charge shall inform the Board of Trustees of structural problems or appliances that need repair or replacement.
D. Suitable location with consolation of the District Board of Church Building and Location.
E. Safe and dependable water supply.
F. The parsonage should be a minimum of 2500 sq. feet of living space (less than 2500 sq. feet to be negotiated with District Superintendent and District Board of Church Location and Building.
G. After approving a purchase proposal, the charge conference shall be deemed to have authorized and directed the Board of Trustees to proceed with the purchase. In the case of the purchase of a parsonage, the Board of Trustees shall either;
   1. Purchase a parsonage that has on the ground floor level:
      - One room that can be used as a bedroom by a person with a disability;
      - One fully accessible bathroom; and
      - Fully accessible laundry facilities, or
   2. Purchase a parsonage without the accessible features for persons with disabilities specified above and remodel it within one year’s time, so that it does have those features.

III. Recommended Parsonage Standards
A. General appearance inside and outside: Good
B. Sidewalks to garage and front street.
C. Play area in back.
D. Yard maintained by church (fertilizer and insecticide provided by church).
E. One car garage with storage. Garage has lights and electrical outlets.
F. Insulated glass windows or regular glass with combination storm windows and storm doors.
G. Fully insulated (walls and ceilings).
H. Three bedrooms above ground. Master bedroom shall be at least 150 sq. feet. If two story, one bedroom shall be on the main floor.
I. One full bath on main floor plus one three-quarter bath.
J. Modern kitchen with dining area to seat at least four. There shall be adequate counter and storage space and an adequate number of electrical outlets.
K. Living-dining room combination.
L. Living room and a separate family room.
M. If there is no office/study in the church, the parsonage should have a room available for an office/study. The office/study should have built-in bookshelves.
N. Adequate electrical wiring with a minimum of 200 ampere entrance box with circuit breakers.
O. Adequate fire exits from all areas of the house, especially the basement. Fire extinguishers on all levels.
P. Adequate storage areas.

IV. Recommended Parsonage Standards: Preferred
A. General appearance inside and outside: Excellent
B. Sidewalks to garage and front street.
C. Play area in back.
D. Yard maintained by church (fertilizer and insecticide provided by church)
E. Two-car garage and storage. Garage has lights and electrical outlets.
F. Insulated glass windows or regular glass with combination storm windows and storm doors.
G. Insulation installed which meets minimum standards recommended for maximum energy efficiency as determined by the Energy Commission.
H. Three bedrooms above ground with a minimum of 130 sq. feet. Master bedroom shall be at least 180 sq. feet. Adequate light closets. If two-story, one full bathroom and one bedroom shall be on the main floor.
I. One full bath plus one three-quarter bath adjoining master bedroom. One bath must be on main floor.
J. Modern kitchen with dining area to seat at least six. There shall be adequate counter and storage space, and an ample number of electrical outlets.
K. A separate dining room.
L. Large living room with family room removed from it so that activities in one do not disturb person in the other.
M. If there is no office/study in the church, the parsonage should have one that has a separate outside entrance. The office/study should have built-in bookshelves.
N. Adequate electrical wiring with a minimum of 200 ampere entrance box with circuit breakers. All wiring shall meet at least the National Electric Code minimum standard.
O. Adequate fire exits from all areas of the house; especially the basement. Fire extinguishers on all levels.
P. Adequate storage space.

V. Pastor’s Responsibility
A. The parsonage family shall practice good stewardship of parsonage property and will be held financially accountable for damage other than normal wear and tear. They shall keep the parsonage in neat appearance. Upkeep, repair, and redecorating will be done in consultation with the local church parsonage (trustees) Committee. The parsonage family shall leave the parsonage as good as or better than it was when they moved into the dwelling.
B. The pastor should keep the parsonage (trustees) committee informed of maintenance needs throughout the year between annual reviews.
C. The pastor and the parsonage (trustees) committee shall inspect the parsonage together at the time of a change of pastors. The location of guarantees and operating instructions for parsonage equipment should be designated for the benefit of the incoming pastor.
D. Disputes between the pastor and the local church concerning the parsonage shall be referred to the District Superintendent for negotiation and settlement.

VI. The Parsonage Review and Report
A. In accordance with the 2008 Book of Discipline, Paragraph 258, 2.g 16: The chairperson of the Committee on Staff Pastor Parish Relations, chairperson of the Board of Trustees and pastor shall make an annual review of the church owned parsonage to assure proper maintenance.
B. A log book shall be used by the local church and Board of Trustees recording the outcome of the inspection of the parsonage on an annual basis. Using the form by the conference, the inspection should be for termites, varmints and radon. The results of the inspection, should include a list of the repairs or upgrades to fix the problem.