

## MOVING INTO THE PARSONAGE

Please send a copy of this completed form to the district superintendent within five (5) days of moving into the parsonage.

CHARGE \_\_\_\_\_ DISTRICT \_\_\_\_\_

PASTOR \_\_\_\_\_ DATE \_\_\_\_\_

- |   | Excellent                | Satisfactory             | Poor                     | Condition                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I found the exterior surroundings in:  |                          |                          |                          |                          |
| a. General appearance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Driveway   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shrubbery  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lawn   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trash or Garbage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I found the interior of the parsonage in:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Please comment on the inside conditions of the parsonage:  |                          |                          |                          |                          |
| a. Bathrooms _____  |                          |                          |                          |                          |
| b. Kitchen _____  |                          |                          |                          |                          |
| c. General cleanliness of other areas. (If unsatisfactory, please give specifics.)<br>_____   |                          |                          |                          |                          |
| d. Was there reason to think that poor habits of general maintenance have been the case?<br><input type="checkbox"/> yes <input type="checkbox"/> no      If so, please indicate reason for this conclusion.<br>_____ |                          |                          |                          |                          |
| e. Were repairs needed that seemed to be a result of unconcern?<br><input type="checkbox"/> yes <input type="checkbox"/> no      If so, please indicate reason for this conclusion.<br>_____                          |                          |                          |                          |                          |
| f. Have you been involved in expenditures of time or money in doing work to make the parsonage<br>“livable?” <input type="checkbox"/> yes <input type="checkbox"/> no      If so, Hours _____ Dollars = \$ _____      |                          |                          |                          |                          |
| g. Were the windows, draperies, carpets, and appliances in a condition to suggest that they had been<br>well kept? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If not, explain: _____                 |                          |                          |                          |                          |
| h. If you found the parsonage in excellent condition have you written to the former family to<br>express appreciation for this? <input type="checkbox"/> yes <input type="checkbox"/> no                              |                          |                          |                          |                          |
| i. Are there other helpful or corrective matters to report? <input type="checkbox"/> yes <input type="checkbox"/> no<br>_____   |                          |                          |                          |                          |
| 4. Has the SPPRC/Trustees complied with the Parsonage Guidelines? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If not, explain: _____  |                          |                          |                          |                          |

\_\_\_\_\_  
Signature of SPPRC Chairperson/Date

\_\_\_\_\_  
Signature of Trustees Chairperson/Date

\_\_\_\_\_  
Signature of Pastor/Date

(Any disputes about cleanliness will be addressed by the District Board of Church Location and Building.)