



# UNITED METHODISTS OF GREATER NEW JERSEY

## PARSONAGE EVALUATION SUMMARY WORKSHEET

This worksheet may be used to provide a summary of the Parsonage Evaluation report at the Church Conference. This worksheet is optional and recommended for those who wish to not print the full report for the conference. This worksheet does not take the place of completing the Parsonage Evaluation report in Arena. This is merely a tool to assist in briefing the church conference on the state of the parsonage after that Arena report has already been completed.

A parsonage that is rented, used by someone other than the pastor, or used for another purpose altogether (e.g., thrift shop, food pantry, office space, etc.) should still have an annual walk-through and this evaluation report completed. If you have more than one parsonage, email your Regional Administrator to be granted access to additional Parsonage Evaluation reports.

**Year of Completion:** \_\_\_\_\_  
**Church Name:** \_\_\_\_\_  
**District:** \_\_\_\_\_  
**Annual conference:** \_\_\_\_\_  
**Date of the last report:** \_\_\_\_\_  
**Date of current report:** \_\_\_\_\_  
**Parsonage Address:** \_\_\_\_\_

### How is the parsonage currently being used (select one)?

- Pastor's residence
- Church office
- Food Pantry
- Thrift Shop
- Living quarters – not the pastor
- Rental
- Currently vacant

**If the parsonage is being used as a residence by the appointed pastor, does the church have a certificate of renter's insurance from the pastor? Yes / No**

**If not, please explain why:** \_\_\_\_\_

**If the parsonage is being used as a residence by anyone other than the pastor appointed to the church, does the church have a signed lease and certificate of renter's insurance from the tenant? Yes / No**

**If not, please explain why:** \_\_\_\_\_

## SUMMARY OF THE PARSONAGE WALK-THROUGH

**Date of parsonage walk-through:** \_\_\_\_\_  
**Name of person(s) participating in walk-through:** \_\_\_\_\_

**Number of Bedrooms:** \_\_\_\_\_

**Number of Bathrooms:** \_\_\_\_\_

**Does this parsonage have handicap accessibility?** Yes / No

**If not, can it become handicap accessible?** Yes / No

**Overall condition of the parsonage (select one):**

- Excellent
- Adequate
- Showing wear
- Needs significant maintenance/repairs
- Needs replacement

**Please list any major maintenance/repairs done in the parsonage since the last parsonage evaluation report:** \_\_\_\_\_

\_\_\_\_\_

**Please list any safety concern that needs attention:** \_\_\_\_\_

\_\_\_\_\_

**Please list any near future/goals for the parsonage:** \_\_\_\_\_

\_\_\_\_\_

**Please list any long-range plans/goals for the parsonage:** \_\_\_\_\_

\_\_\_\_\_

**Other comments about this parsonage:** \_\_\_\_\_

\_\_\_\_\_