

**PARSONAGE CHECK LIST**  
**For Use When Vacating a Parsonage**  
**Western Pennsylvania Annual Conference**

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

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

**1. We have conferred about the following things which need to be cared for by the Church/Charge once this parsonage is vacated:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**2. The Parsonage Family has given careful attention to these areas of the parsonage and property and are leaving them in an acceptable condition:**

	Yes	No	
A. Windows Clean?	Yes	No	Comments: _____
B. Drapery/Curtains Clean?	Yes	No	Comments: _____
C. Rugs/Carpet Clean?	Yes	No	Comments: _____
D. Hard Floors (wood, tile, linoleum) clean?	Yes	No	Comments: _____
E. Walls, woodwork, baseboards clean?	Yes	No	Comments: _____
F. Refrigerator clean?	Yes	No	Comments: _____
G. Range Top clean?	Yes	No	Comments: _____
H. Oven clean?	Yes	No	Comments: _____
I. Cabinets, closets, cleaned inside & out?	Yes	No	Comments: _____
J. Light fixtures cleaned?	Yes	No	Comments: _____
K. Are there functioning light bulbs in all sockets?	Yes	No	Comments: _____
L. Bathrooms (tub, sink, toilet, tile, floor) clean?	Yes	No	Comments: _____
M. Has any pet damage been recorded and corrected? List damage & corrections needed on the back of this form.	Yes	No	Comments: _____
N. Yard and shrubbery trimmed and in good condition?	Yes	No	Comments: _____
O. Attic and basement swept and orderly?	Yes	No	Comments: _____
P. Are all appliances (kitchen & laundry) clean and in good working order? (List repairs, if needed, on the back of this form.	Yes	No	Comments: _____
Q. OTHER (Please specify):	Yes	No	Comments: _____
R. OTHER (Please specify):	Yes	No	Comments: _____
S. OTHER (Please specify):	Yes	No	Comments: _____

**3. A. Insofar as possible, the parsonage has been left in a condition comparable to that which I hope to find in my new home.**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_

3.B. I do \_\_\_\_\_ do not \_\_\_\_\_ concur with this report.

Pastor/Staff Parish Rel. Chairperson: \_\_\_\_\_

3.C. I do \_\_\_\_\_ do not \_\_\_\_\_ concur with this report.

Trustees Chairperson: \_\_\_\_\_

3.D. I do \_\_\_\_\_ do not \_\_\_\_\_ concur with this report.

Parsonage Committee Chairperson: \_\_\_\_\_  
(if applicable)

PLEASE NOTE EXCEPTIONS BELOW AND SIGN IN THE SPACES ABOVE.  
IF THERE IS ANY DISAGREEMENT, THE DISTRICT SUPERINTENDENT  
MUST BE CONTACTED AT ONCE.

- **NOTE: All utilities must be left connected and ready for use by the incoming parsonage family.**

**THIS FORM IS TO BE COMPLETED ON MOVE DAY AND RETURNED  
TO THE DISTRICT SUPERINTENDENT'S OFFICE IMMEDIATELY.**

Additional Notes/Explanations (list below):

**SPECIAL NOTE: Paragraph 2532.4 of the 2004 United Methodist Discipline states:  
“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.”**

**In order to avoid problems at the time a pastor vacates the parsonage, please make  
sure that an annual review of the parsonage takes place each year during a pastor's  
tenure.**