



ANGLICAN DIOCESE OF NEWCASTLE ANNUAL PARISH RETURNS

2020 ANNUAL RETURN SUBMISSION FOR THE PARISH OF

PARISH CENTRES:

Incumbent:	_____	_____
	[Print Name]	[Signature]
Churchwarden <i>(appointed by the Incumbent):</i>	_____	_____
	[Print Name]	[Signature]
Churchwarden <i>(elected):</i>	_____	_____
	[Print Name]	[Signature]
Churchwarden <i>(elected):</i>	_____	_____
	[Print Name]	[Signature]

SECTION 1: FINANCIAL INFORMATION

The following financial information is to be completed and/or submitted to the Diocesan Office

Part A:		
Documentation to be submitted:		
Copy of the Parish Financial Statements (audited or reviewed) for year ending 31 December 2019	<input type="checkbox"/> Submitted <input type="checkbox"/> Not yet submitted	_____ [Date submitted]
Auditor's Report for the 2019 Financial Statements (if applicable)	<input type="checkbox"/> Submitted <input type="checkbox"/> Not yet submitted <input type="checkbox"/> Not applicable	_____ [Date submitted]
2020 Budget for the Parish	<input type="checkbox"/> Submitted <input type="checkbox"/> Not yet submitted	_____ [Date submitted]
2020 Missing Giving Target	<input type="checkbox"/> Submitted <input type="checkbox"/> Not yet submitted	_____ [Date submitted]
Copy of the Financial Statements (audited or reviewed) for year ending 31 December 2019 for ALL Parish Organisations.	<input type="checkbox"/> Submitted <input type="checkbox"/> Not yet submitted <input type="checkbox"/> Not applicable	_____ [Date submitted]
Part B:		
Documentation to be submitted:		
Complete and submit the Annual Information Statement (AIS) to the Australian Charities and Not for Profit Commission (ACNC) <i>Due no later than 30 June 2020</i>	<input type="checkbox"/> Submitted <input type="checkbox"/> Not yet submitted	_____ [Date submitted]
Part C:		
Documentation to be completed:		
The signatories and Office Bearer information updated with Anglican Savings and Development Fund	<input type="checkbox"/> completed <input type="checkbox"/> Not yet completed <input type="checkbox"/> No change	_____ [Date submitted]
The signatories and Office Bearer information updated with the Australian Charities and Not for Profit Commission (ACNC)	<input type="checkbox"/> completed <input type="checkbox"/> Not yet completed <input type="checkbox"/> No change	_____ [Date submitted]



SECTION 2: ADMINISTRATIVE INFORMATION

PART A: PARISH CONTACT AND STATISTICAL INFORMATION

PARISH CONTACT DETAILS:

<u>PARISH DETAILS:</u>	
Postal Address:	

[Street number & name or PO Box]	
_____	_____
[Suburb]	[Postcode]
Office Phone: _____	Parish email address: _____
[phone number]	[Email]
Parish website:	

[website URL]	
<u>INCUMBENT'S DETAILS:</u>	
Rectory Phone: _____	Mobile: _____
[phone number]	[mobile number]
Email address: _____	
[Email]	
Rectory Street Address:	

[Street number & name or PO Box]	
_____	_____
[Suburb]	[Postcode]
Rectory Postal Address (if different):	

[Street number & name or PO Box]	
_____	_____
[Suburb]	[Postcode]

OFFICER DETAILS

ANNUAL POSITIONS:				
Role	Elector	Name	Address	Contact:
Church Warden – Incumbent’s <i>Also, an ex-officio member of Parish Council</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____
Church Warden – Elected <i>Also, an ex-officio member of Parish Council</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____
Church Warden – Elected <i>Also, an ex-officio member of Parish Council</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____
Parish Council Secretary	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____
Parish Council Treasurer	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____
Missions Secretary <i>Also, an ex-officio member of Parish Council</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____
Parish Council Safety Delegate (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ _____ [Surname] _____	[Street Address] _____ _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ _____ [Email] _____

Safe Ministry Officer (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ [Surname] _____	[Street Address] _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ [Email] _____
Parish Auditor	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ [Surname] _____	[Street Address] _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ [Email] _____
Samaritans Link Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] _____ [Given name/s] _____ [Surname] _____	[Street Address] _____ [Suburb] _____ [Postcode] _____	[Phone] _____ [Mobile] _____ [Email] _____

****Please provide a copy of the Diocesan Privacy Statement to all people whom are listed on the register.**

TRIENNIAL POSITIONS				
Role	Elector	Name	Address	Contact:
Incumbency Appointment Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Incumbency Appointment Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Incumbency Appointment Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Alternative Incumbency Appointment Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Alternative Incumbency Appointment Board Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Lay Synod Representative (elected)	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Lay Synod Representative (elected)	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
Lay Synod Representative (elected)	<input type="checkbox"/> Yes <input type="checkbox"/> No	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]

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COMPOSITION OF PARISH COUNCIL - PARISH COUNCILORS DETAILS:

The Parish Council consists of several members as prescribed in Part 6, Section 52 of the *Administration of Parishes Ordinance 2010*. The number of Council members on the Parish Council is based on the classification of the Parish as prescribed Part 2, Section 6 of the *Administration of Parishes Ordinance 2010*.

*** only complete person's contact details If it has NOT already listed in the Officer Details section.*

Role	Name	Address	Contact:
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]

[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]
[Position]	[Title] [Given name/s] [Surname]	[Street Address] [Suburb] [Postcode]	[Phone] [Mobile] [Email]

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FINANCIAL GIVING

STEWARDSHIP OR PLANNED GIVING DURING 2019

Please indicate if the Parish held a Stewardship/Planned Giving program

Yes No

If yes, please provide details:

FINANCIAL GIVING

Type of Giving	Estimated number of Givers	Value of Giving during the year
People giving by envelope		
People giving electronically		
People giving directly in the plate		
Did the Parish have any special appeals during the year? If so, how much was raised:		
Please outline transmission monies collected for the mission agencies:		
ABM		
BCA		
CMS		
Other		

PARISH ORGANISATIONS

PLEASE LIST ALL ORGANISATIONS WITHIN THE PARISH. This is required for insurance purposes and for publication in the Year Book of the Diocese. Parish Organisation means every organisation or group formed approved or created under the auspices of the Parish and shall not be limited to organisations approved under any Ordinance of this Diocese; or of Provincial Synod or under any General Synod Canon

_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]
_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]
_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]
_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]
_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]
_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]
_____	_____	_____
[Organisation name]	[ABN/INC (if applicable)]	[Name of Organisation Leader/President]

PARISH STATISTICS for 2019

PARISH:	Number of People on the Parish Electoral Roll: _____				Estimated number of people the Parish engaged with for direct ministry: _____			
PARISH CENTRES:	_____	_____	_____	_____	_____	_____	_____	Parish Total
	[Centre name]	[Centre name]	[Centre name]	[Centre name]	[Centre name]	[Centre name]	[Centre name]	
How many weekends (Saturday or Sunday) were there church services in this Centre during the year under review?								
What was the attendance at weekend church services in this centre during the year under review? (Total of all the people in this centre over all services over all Sundays)								
What was the total number of weekend acts of communion in this centre during the year under review (Total of all acts of Communion in this centre over all services over all Sundays)								
What was the total number of all acts of Communion in this centre during the year under review (Total of all acts of Communion on any day over all the days of the year)								
In the year under review, how many Baptisms (people aged 18 and under) in this centre?								
In the year under review, how many adult Baptisms in this centre?								
In the year under review, how many people were admitted to Holy Communion in this centre?								
In the year under review, how many people were Confirmed in this centre?								
In the year under review how many people were received into the Anglican Communion in this centre?								
How many funerals were there in this centre during the year under review?								
How many marriages were there in this centre?								
What was the total attendance at church services from Holy Monday through to Easter Day in this centre?								
What was the total number of acts of communion at church services from Holy Monday to Easter Day in this centre?								
What was the total attendance at church services on Christmas Eve and Christmas Day in this centre?								

What was the total number of acts of communion at church services on Christmas Eve and Christmas Day in this centre?								
What was the attendance at this centre on the First Sunday in Lent in the year under review?								
What was the number of acts of communion at this centre on the First Sunday in Lent in the year under review?								
What was the attendance at this centre on the First Sunday in December in the year under review?								
What was the number of acts of communion at this centre on the First Sunday in December in the year under review?								



MISSION AND MINISTRY VENTURES

Please provide a detailed description of up to three mission and ventures from the year in review.

Mission/Ministry Venture #1:

Mission/Ministry Venture #2:

Mission/Ministry Venture #3:

PART B: BUILDING CHECKLIST

This checklist is required to be completed for every Parish site.

[Parish]

[Site name]

Item		Response	Comments ATTACHED yes/no
1.	Have all issues identified in the 2019 Building Reports been attended to? If not, please list what is outstanding and comment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have the Guidelines for Inspection of Parish Buildings for Maintenance Purposes (attached) been effectively managed throughout the year and all checks completed during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	How much has the parish spent on Building Maintenance in 2019?	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have all issues identified in WHS checks (Parish Council Safety Delegate Reviews, Incident Reports, Property and Risk Officer Reports, Fire Audit, Hazardous Substances Reports) been addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any significant building works or maintenance been carried out in 2019 which has not previously been submitted to the Diocesan Property Services Unit or Property Committee, e.g. work valued over and \$25,000? If "Yes" please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are any significant building works or maintenance scheduled for 2020 e.g. works valued over \$25,000? If "Yes" please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are the Churchwardens aware of any outstanding issues or problems regarding parish property which requires investigation or rectification? If "Yes" please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have the annual pest inspections and treatments been carried out? Note: A copy of the inspection sheet from your pest service company is required to be attached to this return.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Pest Inspection reports attached
9.	Has the 6 monthly fire certification been completed? Note: A copy of the inspection sheet from your fire service company is required to be attached to this return.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Fire Provider report and/or invoices

	Item	Response	Comments ATTACHED yes/no
10.	Is your Emergency Management Plan (EMP) current and are evacuation diagrams on display? (These are required for churches, halls, and parish offices) Note: if any part of the EMP has been amended since its initial issue a copy is required to be attached to this return.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have security arrangements for the Rectory been reviewed by the Parish delegates as per Section 6.1 of the Diocesan Handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have security arrangements been reviewed and are they considered adequate for other parish buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Is external lighting adequate for people using the site for evening functions, activities or programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Has all external lighting been checked to see if it is in working order on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have all timber structural posts that are installed directly into the ground been checked for signs of deterioration to the base or termite damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are all handrails structurally sound with no signs of deterioration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Is there any visible damage to the paint applied to external timber windows, doors and architraves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is there any visible damage to the paint applied to external timber weather boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are there any uneven or damaged steps or stairs on site? NOTE: - uneven or damaged steps or stairs are a high-risk trip hazard and must be repaired immediately.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Are there any steps or stairs that are 1 metre or more above adjacent ground or floor levels that do not have a handrail? If "Yes" please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Item	Response	Comments ATTACHED yes/no
21.	Has all stored timber or timber debris been relocated or removed from areas against, under or around any of the properties on site? NOTE: Timber and timber products stored on ground or near buildings are a high termite risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Are all services in and to your buildings in good working order i.e. no leaking internal or external taps and no damaged or leaking internal or external pipes that can be determined? NOTE: if your water bill has increased dramatically with no apparent increase in water use, or your water meter ticks over when you are not using any water you may have a broken or leaking pipe or tap.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Are all vents to subfloor areas and any weep holes in between brickwork exposed and clear of vegetation or other? NOTE: it is vital to keep all ventilation devices clear from any obstacles which may reduce air flow under buildings. Blocked vents dramatically increase the risk of damage to structural timber due to increased condensation in the sub floor area.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have all hot water service overflows and any air conditioning overflows been diverted away from the side of any buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Is all stormwater coming from downpipes properly connected to the stormwater system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Has only termite treated timber been used to construct any garden beds, retaining walls or fence posts? If “no” please provide details and photographs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Have you made sure that there are no plants, trees or the like with an invasive root system growing against or near any buildings or structures? NOTE: Allow at least a 30cm clearance between the building and any plants to reduce the risk of termites entering the building.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	If any of your buildings have a “concrete slab on ground” construction, is there a minimum of 75mm of concrete slab edge exposed above the ground showing as per Australian Standards? NOTE: it is critical to keep the top of gardens and grassed areas below the concrete slab level to reduce the risk of termite access to internal timber elements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Are all external windows and doors to all buildings lockable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Item	Response	Comments ATTACHED yes/no
30.	Is there a Key register for all keys to all buildings and is someone in charge of monitoring where the keys are being held?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Are all garbage and clothing donation bins stored away from Parish buildings? NOTE: Due to vandalism and fires being lit in donation bins it is advised to keep Donation Bins away from Parish Buildings were possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Have you made sure that there are no highly flammable liquids, chemicals or materials being stored in close proximity to any of the parish buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Does the parish run an Op Shop? If "Yes" please provide details of the address of the Op Shop.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Does the Parish have property that is leased out on a regular/ongoing basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	If yes, what is the address/es of the listed Property? <i>Please list below:</i> _____ _____ _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.	Are the properties listed above managed by a licenced Real Estate agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

^Please print or duplicate pages 14-17 for each additional site.