



Accommodation Inspection Report

(in triplicate)

NAME OF LANDLORD/LANDLORD'S AGENT

NAME OF TENANT(S)

1.

2.

3.

ADDRESS

POSTAL CODE

ADDRESS OF PREMISES

PHONE NUMBERS:

SECURITY DEPOSIT
COLLECTED: \$

SECURITY DEPOSIT
COLLECTED: \$

KEY(S) ISSUED
FOR PREMISES:

KEY(S) ISSUED
FOR MAILBOX:

BUS:

DATE
OCCUPIED:

DATE
OCCUPIED:

KEY(S) RETURNED
FOR PREMISES

KEY(S) RETURNED
FOR MAILBOX :

RES:

VACATED:

VACATED:

IMPORTANT

THIS FORM SHOULD BE COMPLETED CAREFULLY SO AS TO PROVIDE AN ACCURATE RECORD OF THE CONDITION OF THE PREMISES AT THE BEGINNING AND AT THE END OF THE TENANCY. BOTH THE LANDLORD AND THE TENANT SHOULD RETAIN A COMPLETED COPY.





CODE NO.'S

- 1. Clean/OK
- 2. Needs Cleaning
- 3. Needs Painting
- 4. Damaged
- 5. Missing
- 6. Dirty
- 7. Needs Repair

ON MOVE IN

ON MOVE OUT

	CODE#	DESCRIPTION CONDITION	CODE#	DESCRIPTION CONDITION
ENTRANCE(S): Premises Only				
Doors and Closets				
Walls and Trim				
Floor Covering				
KITCHEN:				
Stove/Hood				
Fridge				
Dishwasher				
Countertops and Sink				
Cupboards and Doors				
Walls and Trim				
Floor Covering				
Ceiling				
Windows and Screens				
Electrical Fixtures				
LIVING/DINING ROOM:				
Drapes/Rods Walls and Trim				
Floor Covering				
Ceiling				
Windows and Screens				
Electrical Fixtures				
Door/Window/Screen				
Electrical Fixtures				
MASTER BEDROOM				
Walls and Trim				
Closets and Doors				
Floor Covering				





ON MOVE IN

ON MOVE OUT

	CODE#	DESCRIPTION	CONDITION	CODE#	DESCRIPTION	CONDITION
Ceiling						
Drapes and Rods						
Windows/Screens						
Electrical Fixtures						
2nd BEDROOM						
Walls and Trim						
Closets and Doors						
Floor Covering						
Ceiling						
Drapes and Rods						
Windows/Screens						
Electrical Fixtures						
3rd BEDROOM						
Walls and Trim						
Closets and Doors						
Floor Covering						
Ceiling						
Drapes and Rods						
Windows/Screens						
BASEMENT:						
Walls /Floor						
Furnace/Filter						
Windows/Screens						
Electrical Fixtures						
GENERAL						
Balcony						
Patio Door/Screen						
Garage/Parking						
Doors/Screens						
Stair/Stairwell						
Yard Space						
Smoke Detector(s)						



Other Notes:

IN

OUT

Signature of Landlord/Landlords Agent

Signature of Landlord/Landlord's Agent

Date (in)

Date (out)

Tenant Signature

Tenant Signature

Tenants Forwarding Address

Postal Code

FOUNDATIONS
FOR SUCCESS

