

REPORT OF RENTAL PREMISES AND CONTENTS

Tenant: _____ Date of Inspection: _____

This report records the condition of the rental premises located at:

Telephone Number Street Address

City, Province, Postal Code

Please complete the checklist and provide details on any dirty or damaged areas/items.

ROOM	AREA/ITEM	OK	DIRTY	DAMAGED	DETAILS
LIVING ROOM	End table				
	Easy chair				
	Floor lamp				
	Table lamp				
	Coffee table				
	Light fixture				
	Rug or carpet				
	Floor				
	Walls				
	Ceiling				
BEDROOM 1	Bed frame				
	Headboard				
	Mattress				
	Bed springs				
	Dresser				
	Night stand				
	Drapes or curtains				
	Mirror				
	Light fixture				
	Rug or carpet				
Floor					
Walls					
Ceiling					
BEDROOM 2	Bed frame				
	Headboard				
	Mattress				
	Bed springs				
	Dresser				
	Night stand				
	Drapes or curtains				
	Mirror				
	Light fixture				
	Rug or carpet				
Floor					
Walls					
Ceiling					
BEDROOM 3	Bed frame				
	Headboard				
	Mattress				
	Bed springs				
	Dresser				
	Night stand				
	Drapes or curtains				
	Mirror				
	Light fixture				
	Rug or carpet				
Floor					
Walls					
Ceiling					

ROOM AREA/ITEM OK DIRTY DAMAGED DETAILS

ROOM	AREA/ITEM	OK	DIRTY	DAMAGED	DETAILS
KITCHEN	Stove				
	Oven				
	Oven racks				
	Broiler pan				
	Refrigerator				
	Garbage disposal				
	Ice Trays				
	Sink				
	Counter tops				
	Range hood with fan				
	Dishwasher				
	Hot and cold running water				
	Drawers				
	Dinette table				
	Dinette chairs				
	Light fixtures				
Floor					
Walls					
Ceiling					

BATHROOM 1	Towel racks				
	Tissue holder				
	Mirror				
	Medicine cabinet				
	Counter top				
	Sink				
	Bathtub				
	Shower				
	Toilet				
	Toilet seat				
	Shower curtain				
	Cabinet				
	Light fixture				
	Hot and cold running water				
	Floor				
	Walls				
Ceiling					

BATHROOM 2	Towel racks				
	Tissue holder				
	Mirror				
	Medicine cabinet				
	Counter top				
	Sink				
	Bathtub				
	Shower				
	Toilet				
	Toilet seat				
	Shower curtain				
	Cabinet				
	Light fixture				
	Hot and cold running water				
	Floor				
	Walls				
Ceiling					

MISCELLANEOUS	Door key				
	Windows				
	Window screens				
	All windows working?				
	Mailbox				
	Mailbox key				
	Thermostat				
	Heat working properly?				
	Other				

Both Landlord (or Landlord's Agent) and Tenant must sign and the signatures witnessed if the report is to be binding.

Witness _____ Date _____

Tenant _____ Date _____

Landlord (or Agent) _____ Date _____

Copy: Tenant