



ACCOMMODATION INSPECTION REPORT

Fill in at time of move-in.
Provide a copy of this to the tenant/s after completing the "IN CONDITION" sections.

Page ____ of ____

ADDRESS OF UNIT: _____
NAME OF TENANT/S: _____

SECURITY DEPOSIT \$ _____ # KEYS ISSUED _____
DATE OF INSPECTION _____

		IN CONDITION		OUT CONDITION	
ENTRANCE	OK	DESCRIBE CONDITION	OK	DESCRIBE CONDITION	
Main Door, Closet Door					
Flooring, Baseboard					
Walls, Trim					
Ceiling					
Light Fixtures					
KITCHEN					
Walls, Trim					
Flooring, Baseboard					
Ceiling					
Cupboards & Cabinets					
Countertops					
Fridge					
Stove					
Sink					
Dish Washer					
Hood fan / Light					
Electrical Fixtures					
HALLWAY					
Walls, Trim					
Flooring, Baseboard					
Ceiling					
Light Fixture					
Electrical Fixtures					
CLOSETS					
Broom Closet					
Linen Closet					
Storage Room					
Coat Closet					
OTHER SPACES / ROOMS					

	IN CONDITION		OUT CONDITION	
DINING ROOM				
Walls, Trim				
Flooring, Baseboard				
Ceiling				
Light / Electrical Fixture				
Windows, Screens				
Drapes / Rods				
LIVING ROOM				
Walls, Trim				
Flooring, Baseboard				
Ceiling				
Patio-Window, Screens				
Drapes / Rods				
Electrical Fixtures				
BATHROOM				
Bathroom door				
Walls, Trim				
Flooring, Baseboard				
Ceiling / Fan				
Vanity, Sink, Mirrors				
Toilet				
Bathtub / Shower				
Electrical Fixtures				
MASTER BEDROOM				
Walls, Trim				
Flooring, Baseboard				
Ceiling				
Window, Screens				
Drapes / Rods				
Electrical Fixtures				
Clothes Closet				
BEDROOM				
Walls, Trim				
Flooring, Baseboard				
Ceiling				
Window, Screens				
Drapes / Rods				
Electrical Fixtures				
Clothes Closet				

I / We agree that this report fairly represents the condition of the premises and agree that any cleaning and / or repairs necessary when I / We vacate may be deducted from my / our Security Deposit

Tenant 1 Signature

Tenant 2 Signature

Landlord's Signature