

ACCOMODATION INSPECTION REPORT

Address of Rental Premises:	Name of Landlord:
Name of Tenant:	Name of Tenant:
Name of Tenant:	Name of Tenant:

Inspections should be conducted when premises are vacant unless the landlord and tenant or their agents otherwise agree.

	IN CONDITION				OUT CONDITION			
KEYS	Number of keys for premises		Mailbox		Number of keys returned for premises		Mailbox	
ENTRANCE	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Doors, Closets								
Walls, Trim								
Floor covering								
Ceiling								
Windows, Screens								
Electrical fixtures								
Other								
Other								
KITCHEN	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling								
Countertops, Sinks								
Cupboards, Doors								
Stove/Hood								
Fridge								
Dishwasher								
Windows, Screens								
Electrical fixtures								
Other								
Other								
LIVING/DINING ROOM	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling								
Closets, Doors								
Drapes, Rods								
Windows, Screens								
Electrical fixtures								
Other								
Other								
BEDROOM 1	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling								
Closets, Doors								
Drapes, Rods								
Windows, Screens								
Electrical fixtures								
Other								

BEDROOM 2	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling								
Closets, Doors								
Drapes, Rods								
Windows, Screens								
Electrical fixtures								
Other								
Other								
BEDROOM 3	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling								
Closets, Doors								
Drapes, Rods								
Windows, Screens								
Electrical fixtures								
Other								
Other								
MAIN BATHROOM	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling/Fan								
Electrical fixtures								
Closets, Doors								
Windows, Screens								
Toilet								
Bathtub, Shower								
Sink, Vanity, Mirrors								
Other								
Other								
2nd BATHROOM	OK	Needs Repair	Needs Cleaning	Description	OK	Needs Repair	Needs Cleaning	Description
Walls, Trim								
Floor covering								
Ceiling/Fan								
Electrical fixtures								
Closets, Doors								
Windows, Screens								
Toilet								
Bathtub, Shower								
Sink, Vanity, Mirrors								
Other								
Other								

When the Landlord and the Tenant inspect the premises together.

Complete #1` and either #2 (a)(b) or (c).

1. The inspection of the premises was conducted on _____ by _____
Date
_____ and by _____
Landlord or Landlord's Agent Tenant or Tenant's Agent

Signature of Landlord or Landlord's Agent

2. (a) I, _____, agree that this report fairly represents the condition of the premises

Signature of Tenant or Tenant's Agent

OR

(b) I, _____, disagree that this report fairly represents the condition of the premises for the following reasons:

Signature of Tenant or Tenant's Agent

OR

(c) The tenant or tenant's Agent present at the inspection refused to sign the Tenants statement.

Signature of Landlord or Landlord's Agent

1. The inspection of the premises was conducted on _____ by _____
Date
_____ and by _____
Landlord or Landlord's Agent Tenant or Tenant's Agent

Signature of Landlord or Landlord's Agent

2. (a) I, _____, agree that this report fairly represents the condition of the premises

Signature of Tenant or Tenant's Agent

OR

(b) I, _____, disagree that this report fairly represents the condition of the premises for the following reasons:

Signature of Tenant or Tenant's Agent

OR

(c) The tenant or tenant's Agent present at the inspection refused to sign the Tenants statement.

Signature of Landlord or Landlord's Agent

When the Landlord inspects the premises without the Tenant.

3. The inspection of the premises was done on _____ by _____
Date Landlord or Landlord's Agent

Without the tenant or the tenant's agent being present.

Signature of Landlord or Landlord's Agent

3. The inspection of the premises was done on _____ by _____
Date Landlord or Landlord's Agent

Without the tenant or the tenant's agent being present.

Signature of Landlord or Landlord's Agent

Tenant's Forwarding Address: _____

