



serving calgary and area REALTORS®

ACCOMMODATION INSPECTION REPORT

INSPECTIONS SHOULD BE CONDUCTED WHEN THE PREMISES ARE VACANT UNLESS THE LANDLORD AND TENANT OR THEIR AGENTS OTHERWISE AGREE.

NAME OF LANDLORD

Name: _____

Address: _____

Phone Numbers

Bus: _____ Res: _____

Date Security Deposit Collected: _____

Amount: \$ _____

Number of Keys Issued for Premises: _____

Number of Keys Issued for Mailbox: _____

OTHER:

NAME OF TENANT(S)

Name: _____

Name: _____

Name: _____

Address of Premises:

Date Occupied: _____

Date Vacated: _____

Number of Keys Returned for Premises: _____

Number of Keys Returned for Mailbox: _____

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. INSPECTIONS SHOULD BE CONDUCTED WHEN THE PREMISES ARE VACANT UNLESS THE LANDLORD AND TENANT OTHERWISE AGREE.

CODE #'S

- | | | | |
|-------------------|-------------------|------------|-------------------|
| 1. Clean/OK | 3. Needs Painting | 5. Missing | 7. Needs Repair |
| 2. Needs Cleaning | 4. Damages | 6. Dirty | 8. Not Applicable |

Entrance(s) & Hall(s)	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Doors & Closets								
Walls & Trim								
Floor covering								
Ceiling								
Windows & Screens								
Lights/Plug-Ins/etc.								

Kitchen	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Stove/Hood fan								
Fridge								
Dishwasher								
Countertops & Sink								
Cupboards & Doors								
Walls & Trim								
Floor covering								
Ceiling								
Windows & Screens								
Lights/Plug-Ins/etc.								

Living/Dining Room	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Drapes/Rods/Blinds								
Walls & Trim								
Floor covering								
Ceiling								
Windows & Screens								
Lights/Plug-Ins/etc.								

CODE #'S

- | | | | |
|-------------------|-------------------|------------|-------------------|
| 1. Clean/OK | 3. Needs Painting | 5. Missing | 7. Needs Repair |
| 2. Needs Cleaning | 4. Damages | 6. Dirty | 8. Not Applicable |

Bathroom	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Doors & Closets								
Walls & Trim								
Floor covering								
Toilet								
Bathtub/Shower								
Sink/Vanity/Mirrors								
Ceiling/Fan								
Lights/Plug-Ins/etc.								
Windows & Screens								

Master Bedroom	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Walls & Trim								
Closets & Doors								
Floor covering								
Ceiling								
Drapes/Rods/Blinds								
Windows & Screens								
Lights/Plug-Ins/etc.								

Bedroom 2	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Walls & Trim								
Closets & Doors								
Floor covering								
Ceiling								
Drapes/Rods/Blinds								
Windows & Screens								
Lights/Plug-Ins/etc.								

CODE #'S

- | | | | |
|-------------------|-------------------|------------|-------------------|
| 1. Clean/OK | 3. Needs Painting | 5. Missing | 7. Needs Repair |
| 2. Needs Cleaning | 4. Damages | 6. Dirty | 8. Not Applicable |

Bedroom 3	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Walls & Trim								
Closets & Doors								
Floor covering								
Ceiling								
Drapes/Rods/Blinds								
Windows & Screens								
Lights/Plug-Ins/etc.								

Basement	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Walls & Floors								
Furnace/Filter								
Windows/Screens								
Lights/Plug-Ins/etc.								

Miscellaneous	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)
Balcony								
Patio Door/Screen								
Garage/Parking								
Doors/Screens								
Stairs/Stairwells								
Yard Space								
Smoke Detector(s)								

Other	Front	Back	Side	IN (Describe Condition)	Front	Back	Side	OUT (Describe Condition)

IN:

A) LANDLORD'S STATEMENTS (TO BE INITIALED, COMPLETED AND SIGNED, AS APPLICABLE)

- 1. The inspection of the premises was conducted on ___ day of _____, 20 ____ by (Landlord/Landlord's Agent) _____ and by (Tenant/Tenant's Agent) _____.
- 2. The Tenant (Tenant's Agent) present at the inspection refused to sign the Tenant's statement.
- 3. The inspection of the premises was conducted on ___ day of _____, 20 ____ by (Landlord/Landlord's Agent) _____ without the Tenant or the Tenant's Agent being present.

Signature of Landlord/Landlord's Agent

Witness Signature

Date In: _____

B) TENANT'S STATEMENT (TO BE INITIALED, COMPLETED AND SIGNED, AS APPROPRIATE)

- 1. I, _____ (Name of Tenant/Tenant's Agent) agree that this report fairly represents the condition of the premises.
- 2. I, _____ (Name of Tenant/Tenant's Agent) disagree that this report fairly represents the condition of the premises for the following reasons:

Signature of Tenant

Witness Signature

Date In: _____

OUT:

A) LANDLORD'S STATEMENTS (TO BE INITIALED, COMPLETED AND SIGNED, AS APPLICABLE)

- 1. The inspection of the premises was conducted on ___ day of _____, 20 ____ by (Landlord/Landlord's Agent) _____ and by (Tenant/Tenant's Agent) _____.
- 2. The Tenant (Tenant's Agent) present at the inspection refused to sign the Tenant's statement.
- 3. The inspection of the premises was conducted on ___ day of _____, 20 ____ by (Landlord/Landlord's Agent) _____ without the Tenant or the Tenant's Agent being present.

Signature of Landlord/Landlord's Agent

Witness Signature

Date Out: _____

B) TENANT'S STATEMENT (TO BE INITIALED, COMPLETED AND SIGNED, AS APPROPRIATE)

- 1. I, _____ (Name of Tenant/Tenant's Agent) agree that this report fairly represents the condition of the premises.
- 2. I, _____ (Name of Tenant/Tenant's Agent) disagree that this report fairly represents the condition of the premises for the following reasons:

Signature of Tenant

Witness Signature

Date Out: _____