



PLEASE CHECK ONE:

CHECK-IN

CHECK-OUT

House No. \_\_\_\_\_

Location \_\_\_\_\_

Tenant \_\_\_\_\_

Date In \_\_\_\_\_

Date Out \_\_\_\_\_

PLEASE COMPLETE THE APPROPRIATE CLAUSES – PRINT LEGIBLY

| LANDLORD'S STATEMENT     |   |
|--------------------------|---|
| <b>a)</b>                | <b>To be checked off, completed and signed (as applicable)</b>  |
| <input type="checkbox"/> | 1. The inspection of the premises was conducted on:<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ (Date)</span> <span>by _____ (Landlord or Landlord's Agent)</span> </div> and by _____ (Tenant)   |
| <input type="checkbox"/> | 2. The tenant or tenant's agent present at the inspection refused to sign the tenant's statement.   |
| <input type="checkbox"/> | 3. The inspection of the premises was conducted on:<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ (Date)</span> <span>by _____ (Landlord or Landlord's Agent) without the tenant or the tenant's agent being present.</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ (Date IN)</span> <span>_____ (Signature of Landlord or Landlord's Agent)</span> </div> |

| TENANT'S STATEMENT       |   |
|--------------------------|---|
| <b>b)</b>                | <b>To be checked off, completed and signed (as appropriate)</b>   |
| <input type="checkbox"/> | 1. I, _____ agree that this report fairly represents the condition of the premises.<br>_____ (name of Tenant or Tenant's agent)   |
| <input type="checkbox"/> | 2. I, _____ Disagree that this report fairly represents the condition of the premises for the following reasons:<br>_____ (Signature of Tenant or Tenant's Agent)<br>_____<br>_____ |

| COMMENTS |  |
|----------|--|
|          |  |
|          |  |
|          |  |

RECOMMEND RETURN OF DAMAGE DEPOSIT:

YES

NO

IF NO, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_