

TENANT MOVE-IN INSPECTION REPORT

Your unit was inspected prior to you moving in. Tell us if there is something that is not satisfactory. Complete this form and return it to your Community Services Worker within seven (7) days of move-in, even if you do not have anything to report.

Tenant Name: _____

Tenant Address: _____

Repairs required to: (Please give details – please write on back if more space is required.)_____
Floors_____
Windows_____
Walls_____
Woodwork/Cabinetry_____
Plumbing & Fixtures_____
Electrical Fixtures (Outlets, Lighting, Heaters etc.)_____
Hardware (including door stops)_____
Stove (where applicable)_____
Refrigerator (where applicable)_____
Other_____
I acknowledge that, other than the above items, the unit is in good condition._____
Tenant Signature_____
Date