

	OK	IN (Describe Conditions)	OK	OUT (Describe Conditions)
Living Room	Ceiling			
	Walls			
	Drapes			
	Floor / Carpet			
	Furniture			
	Electrical Fixtures			
	Furniture			
	Other			
Master Bedroom	Ceiling			
	Walls			
	Drapes			
	Floor / Carpet			
	Closets			
	Electrical Fixtures			
	Furniture			
	Other			
Second Bedroom	Ceiling			
	Walls			
	Drapes			
	Floor / Carpet			
	Closets			
	Electrical Fixtures			
	Furniture			
	Other			
Bath Room	Ceiling			
	Walls			
	Curtains			
	Floor			
	Sink / Vanity			
	Bathtub / Shower			
	Toilet			
	Electrical Fixtures			
Basement	Other			
	Stairs / Stairwell			
	Ceiling			
	Walls			
	Flooring			
	Plumbing			
General	Other			
	Windows / Screens			
	Balcony			
	Garage			
	Parking			
Yard Space	Other			
	Notes:			

IN				
Tenant's Signature _____				
Landlord's Signature _____				
Date	Year	Month	Day	

OUT				
Tenant's Signature _____				
Landlord's Signature _____				
Date	Year	Month	Day	

Additional Information

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