



ELDERLY PERSONS' HOUSING

Rental Unit Condition Report

Name of Tenant (s): _____

Suite #: _____

Date (1): _____
Commencement of Tenancy

Date (2): _____
Termination of Tenancy

G – Good

B – Broken

M – Missing

D – Damaged

S – Scratched or Marked

LIVING AREAS	<i>Condition at Commencement of Tenancy</i>	<i>Condition at Termination of Tenancy</i>	REMARKS
KITCHEN			
Ceiling			
Floor, Walls and Trim			
Countertop			
Cabinets and Doors			
Range – Condition and Equipment			
Sinks and Stoppers			
Closets			
Refrigerator			
LIVING ROOM/DINING ROOM			
Floor, Walls and Trim			
Ceiling			
Closets			
HALLS			
Walls and Trim			
Ceilings			
Closets			
BATHROOM			
Ceiling			
Floor, Walls and Trim			
Cabinets and Mirror			
Tub, Sink and Toilet			
Closets			
Towel & Paper Holder			
BEDROOM #1			
Floor, Walls and Trim			
Closets, Ceilings			
Door			
BEDROOM #2			
Floor, Walls and Trim			
Closets, Ceilings			
Door			
WINDOWS AND FRAMES-Throughout			
LIGHTING FIXTURES-Throughout			
GENERAL CONDITION-Cleanliness			
OUTLETS & SWITCHES - Throughout			
Doors & Locks			
Heat Detector			
Other			



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Commencement of tenancy

Number of:	Issued	Returned
Suite keys		
Building keys		
Mailbox keys		

Signature of Tenant or Alternate Contact _____

Signature on behalf of Southern Health-Santé Sud _____

Termination of Tenancy

Keys returned – see above

Security Deposit Amount \$
Minus total Tenant Charges - \$ _____
Total Security Deposit Returned \$

Signature of Tenant or Alternate Contact _____

Signature on behalf of Southern Health-Santé Sud _____