

# INSPECTION CHECKLIST

**LANDLORD/AGENT:**

UCRez Property Management Inc.  
Unit 1 - 3165 Sandwich St.  
Windsor, Ontario N9C 1A7  
Tel# 519-997-3325

**Building #:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_ **Lease #:** \_\_\_\_\_

Tenants completes this checklist **WITHIN 72 HOURS** of moving in. Each party keeps a copy of signed checklist. Tenants and landlord or manager uses the move-in checklist during the pre-move out inspection and again when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out. BE SPECIFIC and DETAILED when filling out the checklist.

**CODE:**    G-good/clean    M-missing    N-None    NR- need repair/Damaged    NC-need clean/Dirty

	Move-in Date (yyyy/mm/dd):	Move-out Date (yyyy/mm/dd):		
	COMMENTS	CODE	COMMENTS	CODE
<b>GENERAL</b>				
Entrance Door & Lock				
Closets/Shelving				
Light Fixtures				
Smoke/Monoxide Detectors				
<b>EQUIPMENT</b>				
Refrigerator				
Stove/Oven/Range hood				
Dishwasher				
Washer/Dryer				
Air Condition				
Heater				
<b>KITCHEN</b>				
Walls/Ceiling/Paint				
Flooring/Baseboard				
Cabinets/Counters				
Sink/Faucet/Drainpipes				
Electrical Fixtures				
Window/Screen/Coverings				
<b>LIVING/DINNING AREA</b>				
Patio/Balcony Screen/Door				
Wall/Ceiling/Paint				
Flooring/Baseboard				
Electrical Fixtures				
Window/Screen/ Coverings				
Balcony/Patio/Yard/Lawn				
<b>FURNITURE</b>				
Kitchen				
Living/Dining Area				
Yard/Patio/Baloney				

	COMMENTS	CODE	COMMENTS	CODE
<b>BEDROOM #1</b>				
Doors/Locks				
Flooring/Baseboard				
Wall/Ceiling/Paint				
Window/Screen/Coverings				
Closet				
Light Fixtures				
Furniture				
<b>BEDROOM #2</b>				
Doors/Locks				
Flooring/Baseboard				
Wall/Ceiling/Paint				
Window/Screen/Coverings				
Closet				
Light Fixtures				
Furniture				
<b>BATHROOM #1</b>				
Doors/Locks				
Flooring/Baseboard				
Wall/Ceiling/Paint				
Toilet/Mirror/Cabinet				
Sink/Faucet//Drainpipes				
Shower/Bathtub				
Bathroom Fan				
Light Fixtures				
<b>BATHROOM #2</b>				
Doors/Locks				
Flooring/Baseboard				
Wall/Ceiling/Paint				
Toilet/Mirror/Cabinet				
Sink/Faucet//Drainpipes				
Shower/Bathtub				
Bathroom Fan				
Light Fixtures				

I/we have inspected this apartment and found it to be in a clean condition and do understand and agree that in accordance with the RTA, that I/we the undersigned tenant(s), will leave the rental unit in such same condition – fit for immediate occupancy by a new tenant. I/we understand that any cleaning and/or damages required after I/we vacate, will be charged to me/us and will be deducted from the rent deposit at the time of move-out.

Name of Lease Holder	Signature	Date (yyyy/mm/dd)
Name of Property Manager	Signature	Date (yyyy/mm/dd)