

A. LEGAL NAME OF LANDLORD				E. POSSESSION DATE	
Concept Property Group				MM/DD/YY	
B. LANDLORD'S ADDRESS FOR SERVICE				F. MOVE-IN INSPECTION DATE	
101-1930 Island Diesel Way Nanaimo, BC V9S 5W8				MM/DD/YY	
C. LEGAL NAME OF TENANT				G. MOVE-OUT DATE	
Last Name		First Name	Middle Name	MM/DD/YY	
D. ADDRESS OF RENTAL UNIT				H. MOVE-OUT INSPECTION DATE	
Unit #	Street Address		City	Province	Postal Code
				MM/DD/YY	

Condition Codes:	D = Damaged S = Scratched B = Broken DT = Dirty ST = Stained	Condition at Beginning of Tenancy		Condition at End of Tenancy	
		COMMENT	CODE	COMMENT	CODE
J. ENTRY	Walls and Trim				
	Ceilings				
	Closets				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Windows/Coverings/Screens				
	Electrical Outlets				
	Floor Carpet				
K. KITCHEN	Ceiling				
	Walls and Trim				
	Floor/Carpet				
	Countertop				
	Cabinets and Doors				
	Stove/Stove Top				
	Oven				
	Exhaust Hood and Fan				
	Taps, Sink and Stoppers				
	Refrigerator				
	Crisper/Shelves				
	Freezer				
	Door/Exterior				
	Closet(s)				
	Dishwasher				
Lighting Fixtures/Bulbs					
Windows/Coverings/Screens					
Electrical Outlets					
L. LIVING ROOM	Ceiling				
	Walls and Trim				
	Floor/Carpet				
	Air Conditioner/Cover				
	Fireplace				
	TV Cable/Adaptor				
	Closet(s)				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Windows/Coverings/Screens				
Electrical Outlets					

		COMMENT	CODE	COMMENT	CODE
M. DINING ROOM	Ceiling				
	Walls and Trim				
	Floor/Carpet				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Window/Coverings/Screens				
	Electrical Outlets				
N. STAIRWELL and HALL	Treads and Landings				
	Railing/Bannister				
	Walls and Trim				
	Ceilings				
	Closets				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Windows/Coverings/Screens				
	Electrical Outlets				
O. MAIN BATHROOM	Ceiling				
	Walls and Trim				
	Floor/Carpet				
	Cabinets and Mirror				
	Tub/Shower/Taps/Stopper				
	Sink/Stopper/Taps				
	Toilet				
	Door				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Windows/Coverings/Screens				
	Electrical Outlets				
P. MASTER BEDROOM (1)	Ceiling				
	Walls and Trim				
	Floor/Carpet				
	Closet(s)				
	Doors				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Windows/Coverings/Screens				
	Electrical Outlets				
Q. BEDROOM (2)	Ceiling				
	Walls and Trim				
	Floor/Carpet				
	Closet(s)				
	Doors				
	Lighting Fixtures/Ceiling Fan/Bulbs				
	Windows/Coverings/Screens				
	Electrical Outlets				
R. EXTERIOR	Front and Rear Entrances				
	Patio/Balcony Doors				
	Garbage Containers				
	Glass and Frames				
	Stucco and/or Siding				
	Lighting Fixtures/Bulbs				
	Grounds and Walks				
	Electrical Outlets				
S. UTILITY ROOM	Washer/Dryer				
	Electrical Outlets				
T. GARAGE OR PARKING AREA	Electrical Outlets				

	COMMENT	CODE	COMMENT	CODE
U. BASEMENT	Stair and Stairwell			
	Walls and Floor/Carpet			
	Furnace, Water Heater, Plumbing			
	Windows/Coverings/Screens			
	Lighting Fixtures/Bulbs			
	Electrical Outlets			
V. STORAGE				
W. KEYS AND CONTROLS	TYPE OF KEY OR CONTROL	# ISSUED AT START OF TENANCY		# RETURNED AT END OF TENANCY
	Building Entrance Keys			
	Rental Unit Entrance Main Locks			
	Rental Unit Deadbolt			
	Parking Remote Control			

START OF TENANCY

X. Repairs to be completed at start of tenancy: (list repairs)

Y. I, _____ (Tenant's name)

- agree that this report fairly represents the condition of the rental unit
- do not agree that this report fairly represents the condition of the rental unit for the following reasons:

END OF TENANCY

Z. Damage to rental unit or residential property for which the tenant is responsible:

1. I, _____ (Tenant's name)

- agree that this report fairly represents the condition of the rental unit
- do not agree that this report fairly represents the condition of the rental unit for the following reasons:

2. I _____ agree to the following deductions from my security and/or pet damage deposit:

Security Deposit: _____ Pet Damage Deposit: _____

Date (dd/mm/yy): _____ Signature of Tenant: _____

3. Landlord's Signature:

On Move-In

On Move-Out

4. Tenant's Signature:

On Move-In

On Move-Out

5. Tenant's Forwarding Address:

Unit # _____ Street Address _____ City _____ Province _____ Postal Code _____