

Accommodation Inspection Report

Complete this form in duplicate. It is in the interest of both the landlord and the tenant to ensure that this is done correctly. This form is to provide an accurate record of the condition of the rented property from the date the tenancy begins until termination. This form should be signed by both the tenant and the landlord or authorized agent. Each party should retain one copy as a permanent record.

Please Print

LANDLORD'S INFORMATION				
Last Name / Company Name		First and Middle Names		
Contact Name for Landlord				
<i>Landlord's Address (Address where documents can be given personally, left for, faxed or mailed to effect service)</i>				
Apt./Site #	Street # and Street Name	Municipality	Prov.	Postal Code
Daytime phone #	Other phone #	Fax # for service of documents	Email	

TENANT'S INFORMATION				
Tenant's Information: Last Name		First and Middle Names		
<i>Tenant's Address (Address where documents can be given personally, served or mailed to effect service)</i>				
Apt./Site #	Street # and Street Name	Municipality	Prov. NB	Postal Code
Daytime phone #	Other phone #	Email		

Address of the Premises rental unit or mobile home site

Apt./Site #	Street # and Street Name	Municipality	Prov. NB	Postal Code
Tenancy Began <small>Year Month Day</small>		Door Keys Issued <small>Year Month Day</small>		Mail Box Keys Issued <small>Year Month Day</small>
Tenancy Ended <small>Year Month Day</small>		Door Keys Returned <small>Year Month Day</small>		Mail Box Keys Return <small>Year Month Day</small>

Tenant's Forwarding Address Upon Termination of Tenancy

Apt./Site #	Street # and Street Name	Municipality	Prov. NB	Postal Code
Daytime phone #		Other phone #		

Tenant(s) should advise the Office of the Rentalsman immediately of any change of address.

	OK	IN (Describe Conditions)	OK	OUT (Describe Conditions)
Kitchen	Ceiling			
	Walls			
	Curtains			
	Floor			
	Cupboards			
	Counter Top			
	Stove			
	Refrigerator			
	Sink			
	Electrical Fixtures			
	Dishwasher			
	Other			

		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	Stairs / Stairwell				
	Ceiling				
	Walls				
	Flooring				
	Plumbing				
	Other				
General	Windows / Screens				
	Balcony				
	Garage				
	Parking				
	Other				
Yard Space	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

Website: www.snb.ca/irent
Email: irent@snb.ca
Phone: 1-888-762-8600
Fax: 1-855-658-3096

