

Your unit was inspected prior to you moving in. Tell us if there is something that is not satisfactory. Complete this form and return it to your Community Services Worker within seven (7) days of move-in, even if you do not have anything to report.

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

**Repairs required to:** (Please give details – please write on back if more space is required.)

Floors

Windows

Walls

Woodwork/Cabinetry

Plumbing & Fixtures

Electrical Fixtures (Outlets, Lighting, Heaters etc.)

Hardware (including door stops)

Stove (where applicable)

Refrigerator (where applicable)

Other

I acknowledge that, other than the above items, the unit is in good condition.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

