

NEW RESIDENT MOVE-IN INSPECTION FORM

DATE: _____ COMMUNITY: Wellington Woods College Avenue UNIT: _____

PETS? CATS _____ DOGS _____ Other: _____

Copy made for tenant _____ (Staff Initial)

ITEM B= Basement M = Main Floor U = Upper Floor		TELL US ABOUT THE CONDITION		Please repair as soon as possible
		Clean? ✓ or X	Good ✓ or X	
Unit exterior storage room				
Front door (includes screen door at Wellington Woods, and door closer at College Avenue)				
Entrance closet				
Kitchen/hallway walls and ceiling				
Kitchen/hallway flooring (foyer)				
Kitchen window and screen				
Kitchen sink and faucets				
Kitchen cupboards and drawers				
Kitchen counter				
Fridge (interior and exterior)				
Stove and oven				
Range hood (Wellington Woods only)				
Interior Storage Room/Linen Closet				
Livingroom walls and ceiling				
Livingroom flooring (Carpet/Wood/VCT)				
Carpet odour due to pets?				
Livingroom window and screen				
Patio/back door , window and screen				
Patio/Balcony/back yard area				
Stairway carpeting/handrail (townhouses only)				
Stairwell walls and ceiling (townhouses only)				
Main bedroom walls and ceiling				
Main bedroom flooring (carpet/wood)				
Main bedroom windows and screens				
Study room walls and ceiling				
Study room floor				
Second bedroom walls and ceiling				
Second bedroom flooring				
Second bedroom windows and screens				
Bathroom walls and ceiling				
Bathroom flooring				

ITEM B= Basement M = Main Floor U = Upper Floor	CLEAN ✓ or X	CONDITION		Please repair as soon as possible
		Satisfactory ✓ or X	Acceptable Describe flaws	
Bathtub wall tiles/tub surround				
Basin and faucet				
Bathroom vanity (counter and cupboard)				
Toilet				
Bathroom fan (Wellington Woods only)				
Air exchange unit and control dial (College Ave only)				
Baseboards throughout unit				
Smoke Detectors (Basement, Main, Upper)				
Light Fixtures (Basement, Main, Upper)				
Fire Extinguisher				
Basement fan (Wellington Woods only)				
Basement walls and ceiling (Wellington Woods only)				
Basement floor (Wellington Woods only)				
Washing Machine (Wellington Woods only)				
Clothes Dryer (Wellington Woods only)				
Laundry Tub and faucet (Wellington Woods only)				

Comments:

This form will be stored in your Family Housing file and is referred to when we do the final move-out inspection of your unit. When you move in it is important to record all details about the state of your unit such as stains, marks, small holes, cracks and dents.

Additionally, this move-in form alerts the Facilities Coordinator to any immediate and necessary repairs that are required in your unit. Your signature on this form permits our maintenance staff to enter your unit to make these repairs without further notice. If access restrictions, please note below.

Thanks for your co-operation with this inspection and prompt form completion.

Resident Name : _____ Email: _____

Co-Resident Name : _____ Email: _____

Phone: _____

Signature of Resident _____ Date _____

*If additional cleaning and/or repairs have been requested, this section should only be signed **AFTER all required work has been completed.***

All requested work has been completed to my satisfaction:

Signature of resident: _____

Date: _____