

Unit One

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes ___ No ___
If no, indicate cost per utility:	
Gas	
Hydro	
Water	
Cable TV	
Internet	
Phone	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	Yes ___ No ___
Smoking	Yes ___ No ___
Covered by the Residential Tenancies Act?	Yes ___ No ___
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	Good Shape ___ Needs Repairs ___
Smoke detector(s)	Yes ___ No ___
# of Kitchen Appliances	
Patio or Balcony	Yes ___ No ___
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	Yes ___ No ___
Heating	Gas ___ Electric ___
Laundry Facilities	Coin ___ Cost Included ___
Current Tenant's Opinion of Landlord	

Unit Two

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes ___ No ___
If no, indicate cost per utility:	
Gas	
Hydro	
Water	
Cable TV	
Internet	
Phone	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	Yes ___ No ___
Smoking	Yes ___ No ___
Covered by the Residential Tenancies Act?	Yes ___ No ___
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	Good Shape ___ Needs Repairs ___
Smoke detector(s)	Yes ___ No ___
# of Kitchen Appliances	
Patio or Balcony	Yes ___ No ___
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	Yes ___ No ___
Heating	Gas ___ Electric ___
Laundry Facilities	Coin ___ Cost Included ___
Current Tenant's Opinion of Landlord	

Unit Three

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes ___ No ___
If no, indicate cost per utility:	
Gas	
Hydro	
Water	
Cable TV	
Internet	
Phone	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	Yes ___ No ___
Smoking	Yes ___ No ___
Covered by the Residential Tenancies Act?	Yes ___ No ___
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	Good Shape ___ Needs Repairs ___
Smoke detector(s)	Yes ___ No ___
# of Kitchen Appliances	
Patio or Balcony	Yes ___ No ___
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	Yes ___ No ___
Heating	Gas ___ Electric ___
Laundry Facilities	Coin ___ Cost Included ___
Current Tenant's Opinion of Landlord	

Unit Four

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes ___ No ___
If no, indicate cost per utility:	
Gas	
Hydro	
Water	
Cable TV	
Internet	
Phone	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	Yes ___ No ___
Smoking	Yes ___ No ___
Covered by the Residential Tenancies Act?	Yes ___ No ___
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs ___ Yes ___ No ___
Smoke detector(s)	
# of Kitchen Appliances	
Patio or Balcony	Yes ___ No ___
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No ___
Heating	Gas ___ Electric ___
Laundry Facilities	___ Coin ___ Cost Included ___
Current Tenant's Opinion of Landlord	

Unit Five

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes ___ No ___
If no, indicate cost per utility:	
Gas	
Hydro	
Water	
Cable TV	
Internet	
Phone	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	Yes ___ No ___
Smoking	Yes ___ No ___
Covered by the Residential Tenancies Act?	Yes ___ No ___
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs ___ Yes ___ No ___
Smoke detector(s)	
# of Kitchen Appliances	
Patio or Balcony	Yes ___ No ___
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No ___
Heating	Gas ___ Electric ___
Laundry Facilities	___ Coin ___ Cost Included ___
Current Tenant's Opinion of Landlord	

Unit Six

Address _____
 Landlord's Name _____
 Contact Info _____

Monthly Rent	
Utilities Included	Yes ___ No ___
If no, indicate cost per utility:	
Gas	
Hydro	
Water	
Cable TV	
Internet	
Phone	
Location	
Date Available	
Length of Lease	
Nearest Bus Stop	
Transportation Time	
Parking Space	Yes ___ No ___
Smoking	Yes ___ No ___
Covered by the Residential Tenancies Act?	Yes ___ No ___
# of Bedrooms	
Size of Bedrooms	
# of Bathrooms	
Quality of Rental Unit	___ Good Shape ___ Needs Repairs ___ Yes ___ No ___
Smoke detector(s)	
# of Kitchen Appliances	
Patio or Balcony	Yes ___ No ___
Safety of Neighbourhood	
Nearest Grocery Store	
Nearby Amenities (bank, restaurants, bars, shopping, etc)	
Control of heat/air conditioning?	___ Yes ___ No ___
Heating	Gas ___ Electric ___
Laundry Facilities	___ Coin ___ Cost Included ___
Current Tenant's Opinion of Landlord	