

**FRONTIER SCHOOL DIVISION  
SCHEDULE "A"**

Dated: \_\_\_\_\_

Landlord: Frontier School Division

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

Expiry Date: \_\_\_\_\_

**FOR OFFICE USE:**

Unit No: \_\_\_\_\_ Community: \_\_\_\_\_

Inspection completed by: \_\_\_\_\_

Department: \_\_\_\_\_

FURNITURE CONDITION REPORT		Date (1)	Date (2)	RENTAL UNIT CONDITION REPORT		Date (1)	Date (2)
Print or Write Clearly	G – Good M – Missing D – Damaged B – Broken S – Scratched or Marked	Condition at Commencement of Occupancy	Condition at Termination of Occupancy	Print or Write Clearly	G – Good M – Missing D – Damaged B – Broken S – Scratched or Marked	Condition at Commencement of Occupancy	Condition at Termination of Occupancy
Living Room	Chesterfield			Exterior	Stucco and/or Siding		
	Chesterfield Chair				Front and Rear Entrances		
	Occasional Chair/Rocker				Garbage Container (s)		
	Coffee Table				Glass and Frames		
	End Tables				Screens & Storm Windows		
	Lamps				Grounds and Walks		
	Drapes			Keys Issued			
				Keys Returned			
Kitchen Dining Area	Table			Kitchen	Ceiling		
	Chairs				Walls and Trims		
	Range				Floor		
	Refrigerator				Countertop		
	Drapes				Cabinets and Doors		
			Range – Condition & Equipment				
Utility Room	Washing Machines			Sink and Stoppers			
	2 Tubs (Twin)			Closets			
	Clothes Line			Refrigerator			
Master Bedroom	Bed with Mattress			Basement	Stair and Stairwell		
	Dresser				Walls and Floor		
	Night Table				Furnace, Water Heater & Plumbing		
	Lamp			Living Room Dining Room	Floor		
	Drapes				Ceiling		
	Chest of Drawers			Walls and Trim			
2nd Bedroom	Bed with Mattress			Stairwell and Hall	Closets		
	Dresser				Treads and Landings		
	Night Table				Walls and Trims		
	Lamp				Ceilings		
	Drapes			Closets			
3rd Bedroom	Bed with Mattress			Bathroom	Ceiling		
	Dresser				Floor		
	Night Table				Walls and Trim		
	Lamp				Cabinets and Mirror		
	Drapes				Tub, Sink and Toilet		
			Bedrooms	Closets			
				Floor, Walls and Trim			
				Closets, Ceilings			
				Doors			
				Lighting Fixtures - Throughout			
				General Condition - Cleanliness			

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Security Deposit Refunded: Yes \_\_\_ No \_\_\_  
(Please check one)

\_\_\_\_\_  
Landlord Representative's Signature

Occupant's Forwarding Address: \_\_\_\_\_  
(after termination of occupancy) \_\_\_\_\_

\_\_\_\_\_  
Occupant's Signature

\_\_\_\_\_

**Copies: Occupant, Area Office, School**