

Homeowner Covid-19 Declaration

		Homeowner #1	Homeowner #2	On Behalf of Minors
The safety and health of our team, the homeowner, buyers and real estate	Do you have any of the following symptoms?			
agents is our priority.	Fever, new cough, difficulty breathing?	☐ YES ☐ No Initials:	☐ YES ☐ No Initials:	☐ YES ☐ No Initials:
It is for this reason and given the concerns and				
precautions required due to the Covid-19 Pandemic, we ask the homeowner(s), and all those living at the	Muscle aches, headache, sore throat, fatigue?		☐ YES ☐ No Initials:	YES No
		Initials:	IIIIIais	Initials:
property to complete this declaration to avoid the	Runny nose, or diarrhea?	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No
risk of contamination prior to our team arriving at your		Initials:	Initials:	Initials:
property.	Have you:			
Please print copies as needed for children/others living in the household.	Been outside of Canada in the past 14 days?	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No
		Initials:	Initials:	Initials:
-	Been exposed to anyone in	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No
Thank you for your cooperation. We are all in this together.	your household, workplace with Covid-19?	Initials:	Initials:	Initials:
•	Met with anyone who is	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No
Property Address:	currently in self-isolation or returned from travel outside of Canada within the past 14 days?	Initials:	Initials:	Initials:
	If you have answered YES to any of the questions above, we will be in touch to advise of next steps and/or changes required to our agreement.			
	Homeowner #1 Name	Sign	Signature Date	
	Homeowner #2 Name	Sign	Signature Date	
	Phone #			



Covid-19 Viewing Declaration

		Buyer#1	Buyer #2	Real Estate Agen	
The safety of our team, the homeowner, buyers and real estate agents is our	Do you have any of the following symptoms?				
priority.	Fever, new cough, difficulty breathing?	☐ YES ☐ No Initials:	☐ YES ☐ No Initials:	☐ YES ☐ No Initials:	
It is for this reason and given the concerns and					
precautions required due to the Covid-19 Pandemic,	Muscle aches, headache, sore throat, fatigue?	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No	
we ask the buyer(s), and real estate agent to	ooro amoat, ratigao.	Initials:	Initials:	Initials:	
complete this declaration to avoid the risk of	Runny nose, or diarrhea?	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No	
contamination prior to showing of this property.		Initials:	Initials:	Initials:	
	Have you:				
Please print copies as needed for children/others who will be attending the showing.	Been outside of Canada in the past 14 days?	☐ YES ☐ No	☐ YES ☐ No	☐YES ☐ No	
		Initials:	Initials:	Initials:	
Thank you for your cooperation. We are all in this together.	Been exposed to anyone in your household, workplace with Covid-19?	YES No	☐ YES ☐ No	☐ YES ☐ No	
		Initials:	Initials:	Initials:	
Droporty Addrops:	Met with anyone who is	☐ YES ☐ No	☐ YES ☐ No	☐ YES ☐ No	
Property Address:	currently in self-isolation or returned from travel outside of Canada within the past 14 days?	Initials:	Initials:	Initials:	
	If you have answered YES to any of the questions above, we will be in touch to advise of next steps and/or changes required to our agreement.				
	Buyer #1 Name	Sign	ature	Date	
	Buyer #2 Name				
		Sign	ature	Date	
	Phone #				
	Agent Name	Sign	ature	Date	
	Phone #				