



Homeowner Covid-19 Declaration

The safety and health of our team, the homeowner, buyers and real estate agents is our priority.

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 property to complete this declaration to avoid the risk of contamination prior to our team arriving at your property.

Please print copies as needed for children/others living in the household.

Thank you for your cooperation. We are all in this together.

Property Address:

Do you have any of the following symptoms?

Fever, new cough, difficulty breathing?

Muscle aches, headache, sore throat, fatigue?

Runny nose, or diarrhea?

Have you:

Been outside of Canada in the past 14 days?

Been exposed to anyone in your household, workplace with Covid-19?

Met with anyone who is currently in self-isolation or returned from travel outside of Canada within the past 14 days?

Homeowner #1	Homeowner #2	On Behalf of Minors
<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____
<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____
<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____
<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____
<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____
<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No Initials: _____	<input type="checkbox"/> YES <input type="checkbox"/> No 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

Signature

Date

Homeowner #2 Name

Signature

Date

Phone #



Covid-19 Viewing Declaration

The safety of our team, the homeowner, buyers and real estate agents is our priority.

It is for this reason and given the concerns and precautions required due to the Covid-19 Pandemic, we ask the buyer(s), and real estate agent to complete this declaration to avoid the risk of contamination prior to showing of this property.

Please print copies as needed for children/others who will be attending the showing.

Thank you for your cooperation. We are all in this together.

Property Address:

Do you have any of the following symptoms?

Fever, new cough, difficulty breathing?

Muscle aches, headache, sore throat, fatigue?

Runny nose, or diarrhea?

Have you:

Been outside of Canada in the past 14 days?

Been exposed to anyone in your household, workplace with Covid-19?

Met with anyone who is currently in self-isolation or returned from travel outside of Canada within the past 14 days?

Buyer #1

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

Buyer #2

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

Real Estate Agent

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
Initials: _____

☐ YES ☐ No
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

Signature

Date

Buyer #2 Name

Signature

Date

Phone #

Agent Name

Signature

Date

Phone #
