

CONDITION REPORT

Residential Tenancies Act 1997

What the landlord/agent has to do

Before the tenant moves into the premises the landlord/agent must:

1. Complete the landlord/agent section of this form.
2. Sign and date the form. You may wish to photocopy the form for your records before giving to the tenant.
3. Give the form to the tenant to complete. Inform the tenant they have three business days to complete, sign and return the landlord's/agent's copy of this report.
4. At the end of the tenancy, complete the exit report on the back of the landlord's copy.

What the tenant has to do

1. You must complete and sign this form and any attachments and return it to the landlord or agent **within three business days** of moving into the premises. **If you fail to complete this report accurately you may have difficulty claiming your full bond back at the end of the tenancy.**
2. Inspect the premises and complete the tenant section of this form. Make a comment where you disagree with the landlord's/agent's description of an item.
3. Sign and date the form.
4. Tear off the top copy and return it to the landlord or agent.
5. Keep the tenant's copy as a record.

Important information for landlords and tenants

• This form is printed on carbonless paper and will produce copies for the landlord and tenant. To fill out the form, place on a hard surface and write firmly.

• If a bond is taken, you must complete a *Condition Report* at the start of each tenancy. If a bond is not taken it is strongly recommended you still complete a *Condition Report*.

• This report is an **important written record** of the condition of the premises. Both the landlord or agent and the tenant should keep signed copies for future reference. It may be used as evidence in any dispute about cleaning, damage, safety or missing items. It is vital that you complete the report comprehensively and note anything which seems unsafe or insecurely fixed. For examples of unsafe situations, see the section on Condition Reports in *Renting a home: a guide for tenants*.

• If you do not have enough space to list all items you want covered in this report, attach a separate sheet.

All attachments should be signed and dated by both the landlord or agent and the tenant to show that both parties have read and agree to any future reference.

• If you need advice on your rights and responsibilities, then ring Consumer Affairs on 1300 55 81 81 **before** completing and signing the *Condition Report*.

• *Condition Reports* are available free of charge from Consumer Affairs Victoria. www.consumer.vic.gov.au



DOT650/11

www.consumer.vic.gov.au

Inspection Report _____ Date of Inspection: _____

Please print neatly

INSPECTION REPORT

Address of premises	
Name of agent (if applicable)	
Name of tenant(s)	
Inspection Date	

Landlord/agent section					INSPECTION NOTES
Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments.					
<i>Tick/remarks if applicable</i>					
Room and Item	Clean	Damaged	Working	Landlord/agent comments	Notes/ comments
Entrance Hall	Doors				
	Walls				
	Windows/screens				
	Blinds/curtains				
	Ceiling				
	Light fittings				
	Floor coverings				
	Power points				
	Built in cupboard				
	Carpet & Rugs				
	Check Inventory Items				

Inspection Report _____ Date of Inspection: _____

Landlord/agent section						
Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments.						
<i>Tick/remarks if applicable</i>						
Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes/ comments
Lounge Room	Doors					
	Walls					
	Windows/screens					
	Blinds/curtains					
	Ceiling					
	Light fittings					
	Floor coverings					
	Power points					
	TV Points					
	Inverter Heating/Cooling					
Check Inventory Items						

Inspection Report _____ Date of Inspection: _____

Landlord/agent section						
<p>Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments. <i>Tick/remarks if applicable</i></p>						
Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes/ comments
Kitchen/Meals	Doors					
	Walls					
	Windows/screens					
	Blinds/curtains					
	Ceiling					
	Light fittings					
	Floor coverings					
	Power points					
	Cupboards/drawers					
	Bench tops					
	Tiling					
	Sink/disposal unit/taps					
	Hot plates/stove top					
	Oven					
	Exhaust fan					
	Dishwasher					
Check Inventory Items						

Inspection Report _____ Date of Inspection: _____

Landlord/agent section						
Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments.						
<i>Tick/remarks if applicable</i>						
Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes/ comments
Central Bathroom	Doors			<input checked="" type="checkbox"/>		
	Walls					
	Windows/screens					
	Blinds/curtains					
	Ceiling					
	Light fittings					
	Floor coverings					
	Power points					
	Cupboards/drawers					
	Tiling					
	Bath/taps					
	Shower/screen/taps					
	Wash basin/taps					
	Mirror cabinet					
	Towel rails					
Toilet						
Exhaust fan/heating						

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Landlord/agent section						
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<i>Tick/remarks if applicable</i>						
Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes / comments
BEDROOM 1	Walls					
	Windows/screens					
	Blinds/curtains					
	Ceiling					
	Light fittings					
	Floor coverings					
	Power points					
	Cupboards/drawers					
	Air conditioner					
	Check Inventory Items					

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Landlord/agent section					
Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments.					
<i>Tick/remarks if applicable</i>					
Room and Item	Clean	Damaged	Working	Landlord/agent comments	Notes / comments
Bedroom 2	Doors				
	Walls				
	Windows/screens				
	Blinds/curtains				
	Ceiling				
	Light fittings				
	Floor coverings				
	Power points				
	Cupboards/drawers				
	Telephone point				
Check Inventory Items					

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Landlord/agent section						
Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments.						
<i>Tick/remarks if applicable</i>						
Room and Item		Clean	Damag	Workin	Landlord/agent comments	Notes/ comments
Bedroom 3	Doors					
	Walls					
	Windows/screens					
	Blinds/curtains					
	Ceiling					
	Light fittings					
	Floor coverings					
	Power points					
	Cupboards/drawers					
	Check Inventory Items					

Inspection Report _____ Date of Inspection: _____

Landlord/agent section						
Each item has been given a column description of 'clean', 'undamaged', 'working'. Tick each column that applies to the item and make any necessary comments.						
<i>Tick/remarks if applicable</i>						
Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes/ comments
Dining Area	Doors					
	Walls					
	Windows/screens					
	Blinds/curtains					
	Ceiling					
	Light fittings					
	Floor coverings					
	Power points					
	Cupboards/drawers					

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Landlord/agent section
 Each item has been given a column description of 'clean', 'undamaged', 'working'.
 Tick each column that applies to the item and make any necessary comments.

Tick/remarks if applicable

Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes/ comments
General - Inside	Staircases					
	Keys/Remote Access					
	Smoke Detectors					
	Heating/Cooling					
	Phone lines/connection					
	Number of picture hooks					
	Intercom					

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<i>Tick/remarks if applicable</i>						
Room and Item		Clean	Damaged	Working	Landlord/agent comments	Notes / comments
General – Outside	Porch/stairway					
	Garage/car port					
	Gates/fences					
	Taps / Watering systems					
	Street no./letterbox					
	Paving					
	Hot water system					
	Clothes line					
	Front garden					
	Back and side garden					
	Pool fence and gate					
	Lighting – front and back					
	Pool equipment					
	BBQ					
	Outdoor table					
Pool lights						
BBQ area sink						

Inspection Report _____ Date of Inspection: _____

Room or Item	Presentation & Cleanliness (1 - 5 where 1 is unacceptable)	Comments / Remedies
Entrance Hall		
Lounge Room		
Kitchen		
Dining Room		
Central Bathroom		
Bedroom 1		
Bedroom 2		
Bedroom 3		
General Inside		
General Outside		

Landlord's or agent's signature

Date of Inspection:

Time of Inspection: _____ **AEST**

Tenant Present: YES / NO

Inspection Report _____ Date of Inspection: _____