***Room condition form***

|  |  |  |  |
| --- | --- | --- | --- |
| **Staircase/house no: \_\_\_\_\_\_\_\_\_\_\_\_ Room Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **Date: …………………** |  |  |  |
|  |  |  |  |
| THIS FORM NEEDS TO BE FILLED IN AS ACCURATELY AS POSSIBLE TO AVOID | | |  |
| YOU HAVING ANY UNNECCESARY DAMAGE/ CLEANING CHARGES AT THE | | |  |
| END OF YOUR TENANCY. Please accurately list any damages/stains on carpets, etc | | |  |
| If nothing is listed or any blank spaces items will be deemed as good condition, no marks, etc. | | | |
|  |  |  |  |
|  |  | **Comments** |  |
| **Bedroom 1** |  |  |  |
| Walls |  |  |  |
| Ceiling |  |  |  |
| Floor covering |  |  |  |
| Curtains |  |  |  |
| Window Sills |  |  |  |
| Light fittings |  |  |  |
| Notice board |  |  |  |
| Shelves (Free standing or wall mounted) |  |  |  |
| Bed |  |  |  |
| Mattress |  |  |  |
| Mattress cover |  |  |  |
| Pillow |  |  |  |
| Bedside cupboard |  |  |  |
| Desk |  |  |  |
| Desk chair |  |  |  |
| Easy chair |  |  |  |
| Desk lamp |  |  |  |
| Bin |  |  |  |
| Chest of Drawers |  |  |  |
| Wardrobe (Free standing or built-in) |  |  |  |
| Blanket (in wardrobe, top shelf) |  |  |  |
| 10 wood hangers inside wardrobe (8 standard + 2 with trouser pegs) |  |  |  |
|  |  |  |  |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
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