***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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|  |  |  |  |