

## INVENTORY/CONDITION SCHEDULE

Tenant Name(s)		
Landlord Name		
Date Compiled	At check-in	At check-out
Full Address		
of Property		

## DECLARATION SHEET

Key Control	Description and Number at check-in	Description and Number at check-out
Front Door Keys		
Back Door Keys		
Conservatory		
Garage		
Shed		
Alarm		

Utility Readings	At check-in	At check-out
Gas		
Electricity		
Water		
Oil level		
Solid fuel stock		

**The items listed above have been checked and found to be correct.**

Tenant Signature		Printed
Landlord Signature		Printed

## DECLARATION SHEET (contd.)

Health & Safety	At check-in	At check-out
Gas Safety certificate available	Yes / No	Yes / No
Certificate expiry date		
Chimney/flues swept	Yes / No	Yes / No
Smoke/CO alarms operative	Yes / No	Yes / No
Fire Alarm checked	Yes / No	Yes / No
Extinguishers/Blankets in place?	Yes / No	Yes / No
Burglar Alarm checked?	Yes / No	Yes / No
Electrical Wiring Test Certificate?	Yes / No	Yes / No
Certificate expiry date		
Portable Appliances checked	Yes / No	

Tenant Signature		Printed
Landlord Signature		Printed

**This inventory/condition schedule acknowledgement sheet must be signed either when taking over the property or returned to the landlord (or his agent) within 14 days of moving in.**

I/We (*Names*).....

Being the tenant(s) of (*Property*).....

.....

.....

\*hereby acknowledge that I/we have checked and agree the contents/condition  
schedule for the above property, numbered pages ..... to ....

\*I/We attach a letter stipulating any items or condition contained within the inventory  
which we wish to bring to the attention of the landlord.

Signed: .....

.....

date: .....200...

\* delete as applicable

Room:		Description & Condition at check-in	Description & Condition at Check-out
Walls:	Description		
	Condition		
Floors	Description		
	Condition		
Ceilings	Description		
	Condition		
Curtains/blinds	Description		
	Condition		
Lights	Description		
	Condition		
Radiators/heaters	Description		
	Condition		
Fire/fireplace	Description		
	Condition		
Doors	Description		
	Condition		
Windows	Description		
	Condition		
	Description		
	Condition		
	Description		
	Condition		
	Description		
	Condition		

Signature:

Date:

Room:	Description & Condition at check-in	Description & Condition at Check-out
Description		
Condition		
Description		
Condition		
Description		
Condition		
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Description		
Condition		
Description		
Condition		

Signature:

Date:

## RECORD OF PHOTOGRAPHS FOR INVENTORY PURPOSES

You are advised to keep a photographic record. Each photograph should be given an identifying number, to be entered on the schedule below and the back of the photograph should be signed by or on behalf of the landlord and the tenant.

Area	Photograph numbers						
Hall							
Lounge							
Dining Room							
Utility Room							
Kitchen							
Bedroom 1							
Bedroom 2							
Bedroom 3							
Bedroom 4							
Bathroom							
Shed / garage							
Other (please specify)							

Signature of landlord \_\_\_\_\_

Signature of tenant \_\_\_\_\_

Date \_\_\_\_\_