

Address of rental premises			Postcode
Tenant Name			
Tenant Phone Number		Smoke Alarm(s) installed	YES / NO

Condition Report Furnished Residential Premises

THE FURNISHED PROPERTY GROUP

	Clean	Undam aged	Working	Item	Tenant Comment		Clean	Undam aged	Working	Item	Tenant Comment
Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls / Ceiling		Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls / Ceiling	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors / Screens			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors / Screens	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds / Curtains			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights/Power Points	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights / Power Points			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Blinds/Curtains	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Coverings			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves	
Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls / Ceiling		Ensuite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors / Screens			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Tiling	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds / Curtains			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Screens	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights / Power Points			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Blinds	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Coverings			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Point / Lights	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV / Power Points			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Couches		Bedroom Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bath	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entertainment Unit			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Shower Screen	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee and/or Lamp Table			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Basin/Vanity Unit	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV, DVD, and Remotes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirror/Cabinet	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extension Cord			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rails	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet /W.C.	
Dining / Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls / Ceiling		Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors / Screens			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beds	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds / Curtains			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedside Tables	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights / Power Points			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Coverings			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lamps	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cupboards/drawers			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom Bin	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bench Tops/Tiling		Bedroom Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV and DVD (if any)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink/Disposal Unit/Taps			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stove Top/ Griller / Oven			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls / Ceiling	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors / Screens	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan/Range hood			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights/Power Points	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Blinds/Curtains	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iron and Ironing Board			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beds	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing Machine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedside Tables			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer / Hangers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dining Sets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lamps			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Utensils		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom Bin			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			

Lessor/Agent Signature	Date
	/ /
Tenant's Signature	Date
	/ /

Additional Comments / Information (Supporting documentation can be attached)

Tenant's Signature	Date	Tenant's Signature	Date
	/ /		/ /

