**Address of property**

**Name(s) of Occupant(s)**

# Name and address of Landlord/Agent

# Dates of tenancy

From: ....../....../..........

To: ....../....../..........

I agree that the information below is a fair description of the condition of the property and its contents on this date.

Signed (tenants): ........................................... ..............................................

........................................... ..............................................

Date (tenants) ...........................................

Signed (landlord/agent): .........................................................................................

Date (landlord/agent): ...................................

[Note to tenants:

This is not an exhaustive list, and not every property will provide everything on the list (e.g. kitchen utensils). Instead you can adapt and amend it to suit the property which you are letting.

Once you have completed this inventory, you should present your landlord/letting agent with a copy and ask them to sign it. Don’t forget to keep a copy for your own records. You might find it useful to take photos of the property, concentrating on any areas which you think may be problematic in future. It is a good idea to date your photos and store them safely.]

## Number of Keys Provided

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yale** | **Mortice (Top)** | **Mortice (Bottom)** |
| Main Door Entry |  |  |  |
| Other (e.g. close door/ garage/shed) |  |  |  |

**Safety Checks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Certificate or Item** | **Date on certificate** | **Date next check due** | **Location** |
| Gas safety certificate (All properties) |  |  |  |
| PAT certificate (HMO only) |  |  |  |
| PIR certificate (HMO only) |  |  |  |
| Smoke detector |  |  |  |
| Carbon Monoxide detector |  |  |  |
| Energy performance certificate |  |  |  |

**Meter Readings**

Every property should have meters for either gas or electricity and sometimes both.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of meter** | **Utility Provider** | **Start of tenancy** | **End of tenancy** |
| Gas |  |  |  |
| Electricity |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **HALL** | Light fitting |  |  |  |
|  | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or blinds |  |  |  |
|  | Phone |  |  |  |
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| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **LIVING ROOM** | Light fitting |  |  |  |
|  | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or blinds |  |  |  |
|  | Lamp |  |  |  |
|  | Rug |  |  |  |
|  | Clock |  |  |  |
|  | Curtains |  |  |  |
|  | Picture |  |  |  |
|  | Bookcase |  |  |  |
|  | Sofa |  |  |  |
|  | Chair |  |  |  |
|  | Table |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **BATHROOM** | Light fitting |  |  |  |
|  | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Window |  |  |  |
|  | Curtains or blinds |  |  |  |
|  | Shower |  |  |  |
|  | Shower Curtain |  |  |  |
|  | Soap Dish |  |  |  |
|  | Towels |  |  |  |
|  | Blind |  |  |  |
|  | Mirror |  |  |  |
|  | Toilet Brush |  |  |  |
|  | Bath mat |  |  |  |
|  | Scales |  |  |  |
|  | Bathroom Cabinet |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **KITCHEN** | Light fitting |  |  |  |
|  | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or blinds |  |  |  |
|  | Fridge |  |  |  |
|  | Freezer |  |  |  |
|  | Cooker |  |  |  |
|  | Microwave |  |  |  |
|  | Washing Machine |  |  |  |
|  | Table |  |  |  |
|  | Chairs |  |  |  |
|  | Toaster |  |  |  |
|  | Vacuum Cleaner |  |  |  |
|  | Egg Cups |  |  |  |
|  | Plates |  |  |  |
|  | Bowls |  |  |  |
|  | Serving dishes |  |  |  |
|  | Mugs/Cups |  |  |  |
|  | Mug Tree |  |  |  |
|  | Kettle |  |  |  |
|  | Knives |  |  |  |
|  | Forks |  |  |  |
|  | Spoons |  |  |  |
|  | Tray |  |  |  |
|  | Scales |  |  |  |
|  | Cheese Grater |  |  |  |
|  | Pots |  |  |  |
|  | Frying Pan |  |  |  |
|  | Toast Rack |  |  |  |
|  | Clock |  |  |  |
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| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **BEDROOM 1** | Light fitting |  |  |  |
| Occupant: | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or blinds |  |  |  |
|  | Bed |  |  |  |
|  | Mattress |  |  |  |
|  | Sheets |  |  |  |
|  | Pillows |  |  |  |
|  | Picture |  |  |  |
|  | Mirror |  |  |  |
|  | Wardrobe |  |  |  |
|  | Dressing table |  |  |  |
|  | Side table |  |  |  |
|  | Rug |  |  |  |
|  | Lamp |  |  |  |
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| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **BEDROOM 2** | Light fitting |  |  |  |
| Occupant: | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or Blinds |  |  |  |
|  | Mattress |  |  |  |
|  | Bed |  |  |  |
|  | Sheets |  |  |  |
|  | Pillows |  |  |  |
|  | Picture |  |  |  |
|  | Mirror |  |  |  |
|  | Wardrobe |  |  |  |
|  | Dressing table |  |  |  |
|  | Side table |  |  |  |
|  | Rug |  |  |  |
|  | Lamp |  |  |  |
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| --- | --- | --- | --- | --- |
| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **BEDROOM 3** | Light fitting |  |  |  |
| Occupant: | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or Blinds |  |  |  |
|  | Bed |  |  |  |
|  | Mattress |  |  |  |
|  | Sheets |  |  |  |
|  | Pillows |  |  |  |
|  | Picture |  |  |  |
|  | Mirror |  |  |  |
|  | Wardrobe |  |  |  |
|  | Dressing table |  |  |  |
|  | Side table |  |  |  |
|  | Rug |  |  |  |
|  | Lamp |  |  |  |
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| --- | --- | --- | --- | --- |
| **Room** | **Item** | **Quantity** | **Type** | **Condition/Comment** |
| **BEDROOM 4** | Light fitting |  |  |  |
| Occupant: | Floor covering |  |  |  |
|  | Doors |  |  |  |
|  | Walls |  |  |  |
|  | Windows |  |  |  |
|  | Curtains or Blinds |  |  |  |
|  | Bed |  |  |  |
|  | Mattress |  |  |  |
|  | Sheets |  |  |  |
|  | Pillows |  |  |  |
|  | Picture |  |  |  |
|  | Mirror |  |  |  |
|  | Wardrobe |  |  |  |
|  | Dressing table |  |  |  |
|  | Side table |  |  |  |
|  | Rug |  |  |  |
|  | Lamp |  |  |  |
|  |  |  |  |  |
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