Condition Report - Subleased Room

This Condition Report is to be completed at the start of the sublease. It records the state of the premises, including the room and shared areas, at the time the Subtenant moves in. Both the Proprietor and Subtenant should review and sign this document.

Property Details

Address of premises:	
Room being subleased (if applicable):	
Date of occupancy begins:	
Name of Proprietor:	
Name of Subtenant:	

Bedroom

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and paint			
Ceiling			
Floor / Carpet			
Windows / Curtains / Blinds			
Doors and locks			
Lights and power points			
Bed			
Table			
Chair			
Bedside table			
Bedside light			
Ceiling Fan			
Wardrobe / Storage			
Cleanliness			

Bathroom 1

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and tiles			
Ceiling			
Floor			
Mirror and vanity			
Toilet			
Shower / Bath			
Taps and fittings			
Exhaust fan / ventilation			
Lights and power points			
Cleanliness			

Bathroom 2

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and tiles			
Ceiling			
Floor			
Mirror and vanity			
Toilet			
Shower / Bath			
Taps and fittings			
Exhaust fan / ventilation			
Lights and power points			
Cleanliness			

Kitchen

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and paint			
Ceiling			
Floor / Tiles			
Benchtops			
Cupboards / Drawers			
Sink and taps			
Stove / Oven			
Microwave			
Fridge / Freezer			
Dishwasher			
Table and chairs			
Lights and power points			
Cleanliness			

Living Room

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and paint			
Ceiling			
Floor / Carpet / Tiles			
Windows / Curtains / Blinds			
Doors and locks			
Lights and power points			
Couch			
Coffee table			
TV			
Ceiling Fan			
Heater			
Vacuum cleaner			
Cleanliness			

Entrance Hall / Hallway

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and paint			
Ceiling			
Floor / Carpet / Tiles			
Doors and locks			
Lights and power points			
Shoe rack			
Cleanliness			

Laundry

Please indicate the condition of each item at the start of the tenancy. Use: G = Good, F = Fair, P = Poor, N/A = Not applicable.

Item / Area	Condition (G/F/P/N/A)	Comments / Noted Damage	Initials (Head Tenant / Subtenant)
Walls and paint			
Ceiling			
Floor / Tiles			
Sink and taps			
Washing machine			
Dryer			
Cupboards / Storage			
Lights and power points			
Exhaust fan / ventilation			
Cleanliness			

Additional Notes

Use this section for any additional observations or specific agreements regarding the condition of the premises.

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Signatures

Proprietor Signature:	Date:
Subtenant Signature:	Date:

Both parties should retain a signed copy of this report.