Simple Bedroom Condition Report

Address: _____

Housemate Name: _____

Date of Inspection: __ / __ / ____

Completed By: _____

Bedroom Condition

Walls:

■ Good ■ Minor marks ■ Damage

Notes: _____

Ceiling:

■ Good ■ Minor marks ■ Damage

Notes: _____

Flooring (carpet/boards):

■ Clean / Good ■ Stains ■ Damage

Notes: _____

Windows & Blinds:

■ Working ■ Minor issues ■ Broken

Notes: _____

Door & Locks:

■ Working ■ Loose ■ Broken

Notes: _____

Furniture Provided (if any):

■ None

■ Bed ■ Desk ■ Wardrobe ■ Other: _____

Condition Notes: _____

Photos Taken:

■ Yes ■ No

Location of photo files: _____

Additional Notes

_____

_____

Signatures

Primary Tenant: _____

Signature: _____ Date: __ / __ / ____

Incoming Housemate: _____

Signature: _____ Date: __ / __ / ____