

SUBLET ROOM CONDITION REPORT

Subtenant Name: _____	Head Tenant Name: Anusha Amer
Sublet Room Designation: _____	Move-In Date: ____ / ____ / 20____

1. Subtenant Bedroom (Private Area)

Item / Feature	Condition Check	Move-In Notes	Move-Out Notes
Walls, Door & Baseboards	Clean ☐ Undamaged ☐		
Flooring / Carpet	Clean ☐ Undamaged ☐		
Window, Blinds & Lock	Clean ☐ Undamaged ☐ Working ☐		
Light Switch & Power Outlets	Clean ☐ Undamaged ☐ Working ☐		
Furniture Provided (Bed, Desk, etc.)	Clean ☐ Undamaged ☐ Working ☐		

2. Bathroom

Item / Feature	Condition Check	Move-In Notes	Move-Out Notes
Basin, Taps & Mirror	Clean ☐ Undamaged ☐ Working ☐		
Shower, Screen & Drain	Clean ☐ Undamaged ☐ Working ☐		
Toilet & Cistern	Clean ☐ Undamaged ☐ Working ☐		
Exhaust Fan / Ventilation	Clean ☐ Undamaged ☐ Working ☐		

3. Living Room (Shared)

Item / Feature	Condition Check	Move-In Notes	Move-Out Notes
Walls, Floor & Lights	Clean ☐ Undamaged ☐ Working ☐		
Sofa & Shared Furniture	Clean ☐ Undamaged ☐		
Air Con / Heating Unit	Clean ☐ Undamaged ☐ Working ☐		
TV / Shared Appliances	Clean ☐ Undamaged ☐ Working ☐		

4. Kitchen (Shared)

Item / Feature	Condition Check	Move-In Notes	Move-Out Notes
Benchtop & Sink/Taps	Clean ☐ Undamaged ☐ Working ☐		
Stovetop & Oven	Clean ☐ Undamaged ☐ Working ☐		
Fridge & Microwave Space	Clean ☐ Undamaged ☐ Working ☐		
Assigned Cupboard/Drawer Space	Clean ☐ Undamaged ☐		

Signatures

Move-In Sign-off

Subtenant: _____ Date: __/__/20__

Head Tenant: _____ Date: __/__/20__

Move-Out Sign-off

Subtenant: _____ Date: __/__/20__

Head Tenant: _____ Date: __/__/20__