

Private renting inventory

Look for damage to the floors, windows, carpets, paint work and furniture when going room to room. Take photos of all issues and print them with your completed inventory.

Example

| Room | Any issues? | Describe issues | Photo(s) taken? |
|---------|--|--|---|
| Bedroom | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <ul style="list-style-type: none"> - Mould around windows - Carpet is a bit loose by the door - Marks on wall | <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No |

| Room | Any issues? | Describe issues | Photo(s) taken? |
|------|---|-----------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

*Print off all photos and hand in with this form

Tenant signature: _____

Landlord signature: _____

| Room | Any issues? | Describe issues | Photo(s) taken? |
|------|---|-----------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

*Print off all photos and hand in with this form

Tenant signature: _____

Landlord signature: _____

| Room | Any issues? | Describe issues | Photo(s) taken? |
|------|---|-----------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

*Print off all photos and hand in with this form

| Additional comment(s) |
|-----------------------|
| |

Tenant name: _____

Landlord name: _____

Tenant signature: _____

Landlord signature: _____

Date: _____

Date: _____