



Bedroom: Prop id Name of person in room

Which bedroom/only one

Occupation date of this room (when you will move in & **stay**).....

What Color are the walls:

Are the walls in good condition: Yes/No

If no, why.....

Is the room...

- a. Filthy needs cleaning before anyone moves in
- b. Need cleaning in the next few days
- c. Ok but needs light dusting
- d. Clean

Is the room door in good order e.g. no screws/holes/metal plates for padlock fastening etc

Has the floor been Vacuumed: Yes/No

Including Beneath Furniture: Yes/No

Has the pervious occupier left any belongings: Yes/No

If yes, what are they?

Has the outside of the furniture been cleaned: Yes/No

Has the inside of the furniture been cleaned: Yes/No

Is the Mattress stained: (please check both sides) Stained/Not stained

Are the insides of the windows clean Yes/no

Curtains / Blinds,

Have they been hung Correctly? Yes/ No

Are they Damaged or Missing? Yes/No

Replacement Required? Yes/No

Carpet / Floor Condition is there any stains, iron marks or damage? Yes/No

Please specify.....

Is the light bulb working Yes/No

If any electric sockets or other items are broken please fill up the maintenance form.

Any Comments:.....

Have you left any of your own belongings in the room Yes/No

Where?