

INVENTORY & SCHEDULE OF CONDITION

Property Contents and Condition Record

16 Waterloo Road

Instructions: This inventory records the contents and condition of the property at the start of the tenancy. Both landlord (or agent) and tenant should complete and sign this document at move-in. Take photographs to supplement this written record.

This document will be used for comparison at the end of the tenancy when assessing any deposit deductions.

Part A: Property Information

| | |
|-------------------|------------------|
| Property Address | 16 Waterloo Road |
| Landlord / Agent | |
| Tenant(s) | |
| Date of Inventory | 2 February 2026 |
| Inspection Clerk | |

Meter Readings at Start of Tenancy

| | |
|-------------------|------|
| Gas Meter | G123 |
| Electricity Meter | E123 |
| Water Meter | W123 |

Part B: Condition Rating Guide

| Rating | Description |
|-----------|---|
| Excellent | As new or nearly new condition, no marks or wear |
| Good | Light wear consistent with normal use, fully functional |
| Fair | Moderate wear, some marks or minor damage, fully functional |
| Poor | Heavy wear, visible damage, may need attention |
| N/A | Not applicable or not present |

Part C: Room-by-Room Inventory

Complete the following for each room. Add additional sheets if required.

Living Room / Lounge

| Item | Condition | Notes / Description |
|-----------------|-----------|---------------------|
| Walls | _____ | _____ |
| Ceiling | _____ | _____ |
| Flooring | _____ | _____ |
| Windows | _____ | _____ |
| Curtains/Blinds | _____ | _____ |
| Light Fittings | _____ | _____ |
| Sofa | _____ | _____ |
| Armchairs | _____ | _____ |
| Coffee Table | _____ | _____ |
| TV Stand/Unit | _____ | _____ |
| Other: | _____ | _____ |

Kitchen

| Item | Condition | Notes / Description |
|-----------------|-----------|---------------------|
| Walls | _____ | _____ |
| Flooring | _____ | _____ |
| Worktops | _____ | _____ |
| Cupboards | _____ | _____ |
| Oven/Hob | _____ | _____ |
| Extractor Hood | _____ | _____ |
| Fridge/Freezer | _____ | _____ |
| Washing Machine | _____ | _____ |
| Dishwasher | _____ | _____ |
| Microwave | _____ | _____ |
| Kettle/Toaster | _____ | _____ |
| Sink & Taps | _____ | _____ |

Bedroom 1 (Master)

| Item | Condition | Notes / Description |
|------------------|-----------|---------------------|
| Walls | _____ | _____ |
| Ceiling | _____ | _____ |
| Flooring/Carpet | _____ | _____ |
| Windows | _____ | _____ |
| Curtains/Blinds | _____ | _____ |
| Bed Frame | _____ | _____ |
| Mattress | _____ | _____ |
| Wardrobe | _____ | _____ |
| Chest of Drawers | _____ | _____ |
| Bedside Tables | _____ | _____ |

Bedroom 2

| Item | Condition | Notes / Description |
|------------------|-----------|---------------------|
| Walls | _____ | _____ |
| Ceiling | _____ | _____ |
| Flooring/Carpet | _____ | _____ |
| Bed Frame | _____ | _____ |
| Mattress | _____ | _____ |
| Wardrobe | _____ | _____ |
| Chest of Drawers | _____ | _____ |
| Other: | _____ | _____ |

Bedroom 3

| Item | Condition | Notes / Description |
|-----------------|------------------|----------------------------|
| Walls | _____ | _____ |
| Ceiling | _____ | _____ |
| Flooring/Carpet | _____ | _____ |
| Bed Frame | _____ | _____ |
| Mattress | _____ | _____ |
| Wardrobe | _____ | _____ |
| Other: | _____ | _____ |

Bathroom

| Item | Condition | Notes / Description |
|---------------------|------------------|----------------------------|
| Walls/Tiles | _____ | _____ |
| Ceiling | _____ | _____ |
| Flooring | _____ | _____ |
| Bath | _____ | _____ |
| Shower | _____ | _____ |
| Toilet | _____ | _____ |
| Sink & Taps | _____ | _____ |
| Mirror/Cabinet | _____ | _____ |
| Towel Rail/Radiator | _____ | _____ |
| Extractor Fan | _____ | _____ |

Hallway / Entrance

| Item | Condition | Notes / Description |
|------------------|-----------|---------------------|
| Walls | _____ | _____ |
| Ceiling | _____ | _____ |
| Flooring | _____ | _____ |
| Front Door | _____ | _____ |
| Coat Hooks/Stand | _____ | _____ |
| Smoke Detector | _____ | _____ |
| CO Detector | _____ | _____ |

Additional Rooms / Areas

For additional bedrooms, studies, utility rooms, or other spaces not listed above:

Part D: Keys and Access Devices

| Item | Notes / Details |
|-------------------|-----------------|
| Front Door Keys | _____ |
| Back Door Keys | _____ |
| Window Keys | _____ |
| Mailbox Keys | _____ |
| Access Cards/Fobs | _____ |
| Garage/Shed Keys | _____ |
| Other (specify) | _____ |

All keys, fobs, and access devices must be returned at the end of the tenancy. The cost of replacing lost keys will be charged at the current replacement cost.

Part E: General Notes and Observations

Record any additional observations, pre-existing damage, or special notes here:

Part F: Signatures

By signing below, both parties confirm that this inventory has been inspected and agreed as an accurate record of the property's condition at the start of the tenancy.

| | |
|---|---|
| Landlord / Agent Name: _____ _____ Signature Date: _____ | Tenant Name: _____ _____ Signature Date: _____ |
|---|---|

Important: Any discrepancies not noted in writing within 7 days of the tenancy start date will be deemed accepted by the Tenant. This inventory will be used for comparison at the end of the tenancy when assessing any deposit deductions.