

RENTAL PROPERTY INVENTORY

PROPERTY ADDRESS:

Instructions: Tenant(s) complete(s) this self-checklist within three days of moving in and tenant(s) and property management company mutually agree on the condition of the property upon move-in by signing this form. Each party keeps a copy of signed checklist. Tenant(s) and property management company uses the move-in checklist during the move out inspection and again when determining if any of the tenant's deposit will be retained for cleaning or repairs. **BE SPECIFIC and DETAILED** when filling out the checklist. Please, do add other items into blank spaces, if applicable. **Photographic evidence** of each item required by logging all the pictures through the following LINK: www.OlympiaEstates.com/Inventory

Address: _____

Landlord / Managing Agent: Olympia Estates Ltd _____

Tenant's Name: _____

Moved In: _____

Departure Date: _____

Living Room				
No.	Item	Condition on arrival	Condition on departure	Check
	Sofa			
	Sofa-Bed			
	Armchair			
	Dining Table			
	Dining Chairs			
	Coffee Table			
	Side Table			
	Chest of Drawers			
	TV			
	TV Stand/table			
	Study Desk			
	Study Chair			
	Table Lamp			
	Wardrobe			
	Curtains			
	Net Curtains			
	Blinds (wooden, textile, metal)			
	Curtain Pole			
	Cushions			
	Framed picture (s)			
	Mirror (s)			
	Clock			

	Rug			
	Doors			
	Walls			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			
	Ceiling Lights			
	Wall Lights			
	Fixed Radiators			
	Mobile Heater (s)			
	Smoke Detector			

Kitchen / Dining Room				
No.	Item	Condition on arrival	Condition on departure	Check
	Oven			
	Gas Cooker			
	Electric Cooker			
	Fridge/Freezer			
	Microwave			
	Kettle			
	Toaster			
	Extractor Fan			
	Dishwasher			
	Washing Machine			
	Sink			
	Tap			
	Dining Table			
	Dining Chairs			
	Bin			
	Frying pans			
	Pots			
	Knives			
	Chopping board			
	Cups			
	Spoons			
	Forks			
	Plates			
	Glasses			
	Curtains			
	Net Curtains			

	Blinds (wooden, textile, metal)			
	Curtain Pole			
	Cushions			
	Framed picture (s)			
	Mirror (s)			
	Clock			
	Rug			
	Doors			
	Walls			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			
	Ceiling Lights			
	Wall Lights			
	Fixed Radiators			
	Mobile Heater (s)			
	Smoke Detector			

Storage Cupboard

No.	Item	Condition on arrival	Condition on departure	Check
	Broom			
	Bucket			
	Clothes rack			
	Dustpan & brush			
	Iron			
	Ironing board			
	Mop			
	Vacuum cleaner			

Hall

No.	Item	Condition on arrival	Condition on departure	Check
	Coat stand			
	Doors			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Framed picture			
	Net curtains			
	Walls			

	Windows			
--	---------	--	--	--

Bedroom 1				
No.	Item	Condition on arrival	Condition on departure	Check
	Double Bed Base			
	Single Bed Base			
	Base Drawers			
	Double Mattress			
	Single Mattress			
	Wardrobe			
	Chest of Drawer			
	Bedside table			
	Bedside Drawers			
	Chair			
	Dressing Table			
	Duvet			
	Duvet cover			
	Pillows			
	Pillow cases			
	Sheets			
	Bedspread			
	Cushions			
	Curtains			
	Net Curtains			
	Blinds (wooden, textile, metal)			
	Curtain Pole			
	Framed picture (s)			
	Mirror (s)			
	Clock			
	Rug			
	Doors			
	Walls			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			
	Ceiling Lights			
	Wall Lights			
	Bedside Lamp			
	Fixed Radiators			

	Mobile Heater (s)			
	Smoke Detector			
	Iron Board			
	Iron			

Bedroom Two				
No.	Item	Condition on arrival	Condition on departure	Check
	Double Bed Base			
	Single Bed Base			
	Base Drawers			
	Double Mattress			
	Single Mattress			
	Wardrobe			
	Chest of Drawer			
	Bedside table			
	Bedside Drawers			
	Chair			
	Dressing Table			
	Duvet			
	Duvet cover			
	Pillows			
	Pillow cases			
	Sheets			
	Bedspread			
	Cushions			
	Curtains			
	Net Curtains			
	Blinds (wooden, textile, metal)			
	Curtain Pole			
	Framed picture (s)			
	Mirror (s)			
	Clock			
	Rug			
	Doors			
	Walls			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			

	Ceiling Lights			
	Wall Lights			
	Bedside Lamp			
	Fixed Radiators			
	Mobile Heater (s)			
	Smoke Detector			
	Iron Board			
	Iron			

Bedroom Three

No.	Item	Condition on arrival	Condition on departure	Check
	Double Bed Base			
	Single Bed Base			
	Base Drawers			
	Double Mattress			
	Single Mattress			
	Wardrobe			
	Chest of Drawer			
	Bedside table			
	Bedside Drawers			
	Chair			
	Dressing Table			
	Duvet			
	Duvet cover			
	Pillows			
	Pillow cases			
	Sheets			
	Bedspread			
	Cushions			
	Curtains			
	Net Curtains			
	Blinds (wooden, textile, metal)			
	Curtain Pole			
	Framed picture (s)			
	Mirror (s)			
	Clock			
	Rug			
	Doors			
	Walls			
	Tiled Floor			

	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			
	Ceiling Lights			
	Wall Lights			
	Bedside Lamp			
	Fixed Radiators			
	Mobile Heater (s)			
	Smoke Detector			
	Iron Board			
	Iron			

Bathroom 1

No.	Item	Condition on arrival	Condition on departure	Check
	Bath Tub			
	Shower Tray			
	Shower Glass Enclosure			
	Laundry Basket			
	Hooks			
	Floor mat			
	Toilet brush			
	Shower curtain			
	Soap Dish			
	Towels			
	Wall mirror			
	Doors			
	Walls			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			
	Ceiling Lights			
	Wall Lights			
	Fixed Radiators			
	Heated Towel Rack			
	Mobile Heater (s)			
	Extractor fan			

Bathroom 2				
No.	Item	Condition on arrival	Condition on departure	Check
	Bath Tub			
	Shower Tray			
	Shower Glass Enclosure			
	Laundry Basket			
	Hooks			
	Floor mat			
	Toilet brush			
	Shower curtain			
	Soap Dish			
	Towels			
	Wall mirror			
	Doors			
	Walls			
	Tiled Floor			
	Carpeted Floor			
	Wooden Floor			
	Window(s)			
	Ceiling			
	Ceiling Lights			
	Wall Lights			
	Fixed Radiators			
	Heated Towel Rack			
	Mobile Heater (s)			
	Extractor fan			

Other Items or additional Comments				
No.	Item	Condition on arrival	Condition on departure	Check

Keys (please, tick): 1 set , 2 sets , 3 sets , 4 sets

Electricity Meter Readings _____ Date taken: _____

Gas Meter Readings _____ Date taken: _____

Water Meater Readings _____ Date taken: _____

Move-in inspection date: _____

Landlord / Agent Signature: _____

Tenant Signature (1): _____

Tenant Signature (2): _____

Move-out inspection date: _____

Landlord / Agent Signature: _____

Tenant Signature (1): _____

Tenant Signature (2): _____