

Entry condition report – general tenancies (Form 1a)

Residential Tenancies and Rooming Accommodation Act 2008
(Section 65)



Address of the rental premises

	Postcode

Full name/s of the tenant/s

1.
2.
3.

Name/trading name of the lessor/agent

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Water charging

Tenants can only be charged for all water consumption if the rental premises are individually metered (or water is delivered by vehicle), the agreement states the tenant must pay for water *and* the premises are water efficient.

Are the premises individually metered? Yes No

Water meter reading at start of tenancy:

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Are the premises water efficient? Yes No

Certain fixtures must have the equivalent of a 3 star WELS rating or higher (evidence available if/as required).

Entry condition reports must be completed in accordance with the Act. Penalties apply. Do not send to the RTA—give this form to the tenant/s, keep a copy for your records.

Lessor/agent initials

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Tenant/s initials

1.	2.	3.
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The Entry (and Exit) reports provide evidence of the condition of the premises at the beginning and ending of the tenancy. Take time to fill these forms in carefully. These documents may be referred to as evidence if there is a dispute over the bond refund at the end of the tenancy.

Lessor/agent

1. Inspect the premises.
2. Mark each item on the list *clean, working, undamaged* (where applicable).
3. Make a note of any extra items in the *additional comments/information* section.
4. Give a signed copy of the report to the tenant. Keep a copy for your own records.
5. Ask the tenant to add their comments to the report, initial each page and return it to you within 3 days.
6. If the tenant disagrees about the condition of the premises, encourage them to discuss it with you. Comments can be recorded in the *additional comments/information* section (Page 7) or by attaching a separate page.
Supporting documentation has been attached Yes No
7. Give a copy of the final report back to the tenant within 14 days of receiving it.
8. You must keep a copy of the report for at least one year after the tenancy agreement ends.

Tenant

1. Inspect the premises.
2. Comment on any item where you disagree with the lessor/agent, or if you believe the report does not reflect the true condition of the premises.
3. Talk to the lessor/agent if you disagree about the condition of the premises.
4. Initial each page of the report and send it to the lessor/agent within 3 days.
5. The lessor/agent must send you a copy of the final report. You may also want to make a copy for your own records.

If the condition report is not given to the tenant/s within 3 days of occupation, the tenant/s should obtain, complete and sign their own form and submit to the lessor/agent.

The tenant/s have initially received a copy of this report on

Day

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 Date

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Insert **Y/✓** = Yes
 Insert **N/X** = No

Clean	Working	Undamaged
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Lessor/agent
 Comments (if any)

Tenant/s
 Comment on lessor/agent report

Entry				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
Power points				
Lounge room				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
TV/power points				
Air conditioner				
Family room				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
TV/power points				
Air conditioner				

Lessor/agent initials

Tenant/s initials 1. 2. 3.

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Insert **Y/✓** = Yes
 Insert **N/X** = No

Clean	Working	Undamaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lessor/agent
 Comments (if any)

Tenant/s
 Comment on lessor/agent report

Bedroom 1				
Doors/walls/ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows/screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fans/light fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor/floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wardrobe/drawers/shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuite				
Doors/walls/ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows/screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blinds/curtains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fans/light fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor/floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath/shower/shower screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash basin/vanity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirror/cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lessor/agent initials

Tenant/s initials 1. 2. 3.

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Insert **Y/✓** = Yes
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Clean	Working	Undamaged
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Lessor/agent
Comments (if any)

Tenant/s
Comment on lessor/agent report

Bedroom 2				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
Wardrobe/drawers/shelves				
Power points				
Air conditioner				
Bedroom 3				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
Wardrobe/drawers/shelves				
Power points				
Air conditioner				
Bedroom 4				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
Wardrobe/drawers/shelves				
Power points				
Air conditioner				

Lessor/agent initials

Tenant/s initials

1.

2.

3.

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Clean	Working	Undamaged
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Lessor/agent
Comments (if any)

Tenant/s
Comment on lessor/agent report

Bathroom				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
Bath				
Shower/shower screen				
Wash basin/vanity				
Mirror/cabinet				
Towel rails				
Power points				
Exhaust fan				
Toilet				
Toilet				
Doors/walls/ceiling				
Cistern				
Light fittings				
Exhaust fan				
Laundry				
Doors/walls/ceiling				
Windows/screens				
Blinds/curtains				
Fans/light fittings				
Floor/floor coverings				
Wash tubs				
Washing machine/dryer				
Power points				

Lessor/agent initials

Tenant/s initials

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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Clean	Working	Undamaged
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Lessor/agent

Comments (if any)

Tenant/s

Comment on lessor/agent report

General				
Smoke alarms				
Security devices				
Electrical safety switches				
Hot water system				
Keys/locks/remotes				
Staircases/railings				
Wheelie & recycle bins				
Pool/equipment				
Street number/letter box				
External walls				
Balcony/porch/deck				
Awning/gutters				
Paving/ pergola				
Garage/car port/storeroom				
Garden shed				
Gates/fences				
Grounds/garden				
External taps/hose				
Clothes line				
Solar panels				
Paths/driveway				

Additional comments/information

Lessor/agent

Signature	Date
Print name	

Tenant 1

Signature	Date
Print name	

Tenant 2

Signature	Date
Print name	

Tenant 3

Signature	Date
Print name	