

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.

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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Lessor/agent initials

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Tenant/s initials

1.	2.	3.
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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
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Lessor/agent
Comments (if any)

Tenant/s
Comment on lessor/agent report

Kitchen/meals					
Doors/walls/ceiling					
Windows/screens					
Blinds/curtains					
Fans/light fittings					
Floor/floor coverings					
Cupboards/drawers					
Bench tops/tiling					
Sink/disposal unit/ taps					
Stove top					
Oven/griller					
Exhaust fan/ rangehood					
Dishwasher					
Power points					
Dining 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
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Lessor/agent
 Comments (if any)

Tenant/s
 Comment on lessor/agent report

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

Lessor/agent initials

Tenant/s initials

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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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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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

Bathroom				
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet				
Doors/walls/ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light fittings	<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"/>
Laundry				
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"/>
Wash tubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine/dryer	<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"/>

Lessor/agent initials

Tenant/s initials

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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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	