

Here's What You Do:

1. Complete the details at the top of page 1.
2. Inspect the premises and mark the "Clean/Undamaged/Working" column as appropriate for each item in the premises. Where a mark is not appropriate for the item, write a description in the "Other items or comments" column.
3. If there are any items in the room that are not listed, you can add them to the "Other items or comments" column. You can also use the spare space to detail additional items.
4. Compare this report with the Entry Condition Report (Form 1a) you completed at the beginning of your tenancy. Note any changes in the condition on this form.
5. Print three (3) copies. Give two (2) copies to the Lessor/Agent, explaining to them they must return one (1) signed copy to you within three (3) business days.
6. Sign each page (3).
7. Ask the Lessor/Agent to sign your copy as proof that it was received from you. You can discard this copy when you receive the signed copy back from the Lessor/Agent.
8. Ideally, you should talk to the Lessor/Agent if there are items where they disagree with your assessment of the condition of the premises. If appropriate, you might decide to record any agreement you reach in the "Additional Comments/Information" section. If you can't agree, you can access the RTA's Dispute Resolution Service.
9. When you receive the signed copy from the Lessor/Agent, retain it for your records.

Here's What The Lessor/Agent Does:

1. Inspects the premises and comments on any item where they disagree with the Tenant/s report, or where they believe the report does not reflect the true condition of the premises.
2. Compares the condition of the premises at the end of the tenancy with the Entry Condition Report (Form 1a) that was completed at the beginning of the tenancy.
3. Signs EACH PAGE of the report (3).
4. Returns a signed copy of each page to the Tenant/s within three (3) business days and retains a copy for at least six months after the tenancy agreement ends.

If you require further information or assistance, contact the Residential Tenancies Authority on 1300 366 311.

Address of rental premises

Postcode

Name of Tenant/s

Name of Lessor/Agent

Water Reading

Form 14a
Exit Condition Report
- General Tenancies – Page 1
 Residential Tenancies Act 1994 (Section 42A)

		Tenant			Item	Lessor/Agent Comment on Tenant's Report
		Other items or comments (if any)	Clean	Undamaged		
Entry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
Lounge Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
Dining Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV/Power Points	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
Kitchen / Meals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TV/Power Points	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cupboards/drawers	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bench Tops/Tiling	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink/Disposal Unit/Taps	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stove Top/Griller	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	
Family Room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Fan/Rangehood	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	

Tenant's
Signature/s

Lessor/Agent's
Signature

Lessor/Agent - Sign and return to Tenant - make a copy for your records

Exit Condition Report – General Tenancies – Page 2

Tenant Other items or comments (if any)		Clean	Undamaged	Working	Item	Lessor/Agent Comment on Tenant's Report
Bedroom 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
Ensuite		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls/Tiling	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bath	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Shower Screen	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Basin/Vanity	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirror/Cabinet	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rails	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
	Bedroom 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
Bedroom 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
Bedroom 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe/Drawers/Shelves	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	

Tenant's
Signature/s

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Lessor/Agent's
Signature

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Lessor/Agent - Sign and return to Tenant - make a copy for your records

Exit Condition Report – General Tenancies – Page 3

Tenant Other items or comments (if any)		Clean	Undamaged	Working	Item	Lessor/Agent Comment on Tenant's Report
Bathroom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls/Tiling	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bath	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Shower Screen	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Basin/Vanity	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirror/Cabinet	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rails	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors/Walls	
Laundry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows/Screens	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blinds/Curtains	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Light Fittings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/ Floor Coverings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wash Tubs	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing Machine/Drum	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Points	
General		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security Devices	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balcony/Porch/Deck	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage/Carport/Storeroom	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gates/Fences	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounds/Garden	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staircases/Railings	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Number/Letter Box	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paving/Pavement	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water System	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keys/Locks/Remotes	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool/Equipment	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelie & Recycle Bins	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garden Shed		

Additional Comments / Information (Supporting documentation can be attached)

Tenant's Signature _____ Date _____

/ /

Tenant's Forwarding Address _____

Postcode

Tenant's Signature _____ Date _____

/ /

Tenant's Forwarding Address _____

Postcode

Lessor/Agent Signature _____ Date _____

/ /

Tenant's Signature _____ Date _____

/ /

Tenant's Forwarding Address _____

Postcode

Lessor/Agent - Sign and return to Tenant - make a copy for your records