

PROPERTY INSPECTION FORM

Check-In Date: <u>16/9/2023</u>	Check-Out Date:
Lease Start Date: <u>15/9/2023</u>	Lease End Date:

PLEASE FIND BELOW A SUMMARY IN ENGLISH OF THE CONDITION OF THE PROPERTY AND ITS CONTENTS AS DISCUSSED WITH YOU DURING THE CHECK-IN/OUT INSPECTION. THE RETURN OF YOUR DEPOSIT WILL BE SUBJECT TO THE LANDLORD'S REVIEW OF THE OFFICIAL INVENTORY AND CHECK-IN/OUT REPORTS.

**PLEASE NOTE THAT THE INVENTORY AND CHECK-IN/OUT REPORTS IN THE LOCAL LANGUAGE ARE CONSIDERED THE OFFICIAL DOCUMENTATION AND WILL TAKE PRECEDENCE OVER THIS DOCUMENT.

Occupier & File Number:	
Landlord/Homeowner & Contact Details:	
Property Address:	
Housing Agent Name & Contact Details:	<u>Packmapex relocation</u> <u>Isabel Jones</u>
Keys issued/returned	Check-in: <u>15/9/23</u> Check-out:
Field Consultant Name:	Check-in: <u>/</u> Check-out: <u>/</u>

Check-in: <u>Cleaning (Professionally cleaned/Domestically cleaned/Requires further cleaning/Full professional clean required)</u>	Check-out:
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 UNFURNISHED

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EXTERIOR

	Check In (Condition):	Check Out (Condition):	COMMENTS:	PHOTO TAKEN (IF SO CONFIRM NUMBER)	
				CHECK-IN	CHECK-OUT
Balcony	NA				
Porch	NA				
Terrace/ Garden	NA				
OUTSIDE AREAS					

INTERIOR

	Check In (Condition):	Check Out (Condition):	COMMENTS:	PHOTO TAKEN (IF SO CONFIRM NUMBER)	
				CHECK-IN	CHECK-OUT
Floor	M			X	
Carpet	NA				
Steps	NA				
Walls	M			X	
Ceiling	G				
Intercom	to be fixed				
Doors	G				
Door Locks	W				
Woodwork	M			X	
Floors	M			X	
Windows	G				
Window Coverings	G				
ENTRY/ COMMON AREAS AND HALLWAY					

Description for Reference: G = Good Condition; B = Broken; CH = Chipped; CR = Cracked; D = Dented; M = Marked; S = Scratched; NW = Not working; W = Working; NA = Not Available or Not Applicable; PF = Professionally cleaned; DC = Domestically Cleaned; RC = Requires Cleaning

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INTERIOR (continued)

	Check In (Condition):	Check Out (Condition):	Comments:	PHOTO TAKEN (IF SO CONFIRM NUMBER)	
				CHECK-IN	CHECK-OUT
Woodwork	M			X	
Window Sills	CH			X	
Floor	M			X	
Carpet	NA				
Walls	M				
Ceilings	G			X	
Windows	G				
Doors	G				
Light Fixtures & Fittings	G				
Window Coverings	G				
Furniture					
TV	G				
desk	CH			X	
chairs 5	CH			X	
table TV	M			X	
sofa	M			X	

LIVING ROOM

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INTERIOR (continued)

	Check In (Condition):	Check Out (Condition):	COMMENTS:	PHOTO TAKEN (IF SO CONFIRM NUMBER)	
				CHECK-IN	CHECK-OUT
Doors	NA				
Counters	CH, M, S			X	
Cabinets	M			X	
Floor	M				
Walls	G				
Ceiling	G				
Light Fixtures & Fittings	G				
Dishwasher	NA				
Range/Oven	NA				
Microwave Oven	W			X	
Fan/Light	W			X	
Refrigerator	M, W			X	
Freezer	M, W			X	
Washing machine	NA				
Sink	M			X	
Windows	NA				
Other...					

KITCHEN

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INTERIOR (continued)

	Check In (Condition):	Check Out (Condition):	COMMENTS:	PHOTO TAKEN (IF SO CONFIRM NUMBER)	
				CHECK-IN	CHECK-OUT
BEDROOM Master	Woodwork	M, CH			
	Window Sills	G			
	Doors	NA			
	Floors	G			
	Carpets	NA			
	Walls	M, D			X
	Ceilings	M, CR			X
	Windows	G			
	Light Fixtures & Fittings	G			
	Window Coverings	G			
	Closets	M, CH			X
	Furniture				
	bed				
	table x2	G			

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INTERIOR (continued)

BATHROOM	Check In (Condition):	Check Out (Condition):	COMMENTS:	PHOTO TAKEN (IF SO CONFIRM NUMBER)	
				CHECK-IN	CHECK-OUT
Doors	G, M			X	
Floors	D			X	
Wall Paper	NA				
Tiles	G				
Paint	M				
Ceiling	G			X	
Window	NA				
Shower	CH, D, M				
Shower Curtain	NA			X	
Shower Door	M				
Toilet	G			X	
Sinks/Faucets	M				
Light Fixtures & Fittings	G				
Extractor Fan	G				
Towel Rails	G				
Cabinets	M, S				
Bath	NA, S			X	
Closets	G				
Other					
Walls	W, M, S				
Windows	G, W				
Doors	G, W				

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Check-in only: Extra checks:	Yes	No- Reason why
Heating – boiler starts up		
Hot water – hot water runs		
Fridge/freezer power tested		
Hob/oven ignites		
Washing machine power tested		
Microwave power tested		
Dishwasher power tested		
Mattress flipped		

SIGNATURES at Check In:

Occupier:		Date:	
Owner/Owner Representative:		Date:	16/09/2023
DSP Representative:		Date:	16/09/2023
Copy to be Sent to Owner (Y/N):		Date:	
Copy Received by Owner (Y/N):		Date:	

SIGNATURES at Check Out:

Occupier/Occupant:		Date:	
Owner/Owner Representative:		Date:	
DSP Representative:		Date:	
Copy to be Sent to Owner (Y/N):		Date:	
Copy Received by Owner (Y/N):		Date:	

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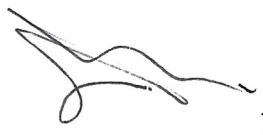
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PHOTOS

Number of photos taken	
Check-in	Check-out
54 x	

Please include all photos that were taken at the time of check in/ out. Please make sure that photos are numbered.



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