sydney university village

# room condition form

***Within 24 hours of moving in, any damaged or missing items must be reported to Village management by returning this apartment Room Condition form.***

**ONE BEDROOM APARTMENT**
**(Page 1 of 2)**

Resident Name: _____ Room No: _____ Date: _____

Signature: _____

| Bedroom | | √ | X | Condition |
|---|---|---|---|---|
| 1 | Study desk | | | _____ |
| 1 | Fixed book shelf | | | _____ |
| 1 | Notice/Pin board | | | _____ |
| 1 | Trash bin (bedroom) | | | _____ |
| 1 | Curtains | | | _____ |
| 1 | King single bed mattress and base | | | _____ |
| 1 | Mattress protector | | | _____ |
| 1 | Full length mirror | | | _____ |
| 1 | Study chair adjustable | | | _____ |
| 1 | Wardrobe | | | _____ |
| 1 | Television antenna outlet | | | _____ |
| 1 | Data/Communication outlet and Cable | | | _____ |
| 1 | Telephone hand set | | | _____ |
| 1 | Carpet | | | _____ |
| 1 | Walls | | | _____ |
| 1 | Ceiling | | | |

| Kitchen/Living | | √ | X | Condition |
|---|---|---|---|---|
| 1 | 2 Seater lounge | | | _____ |
| 1 | Artwork (framed print) | | | _____ |
| 1 | Trash bin with swing lid (kitchen) | | | _____ |
| 1 | Curtain (Lounge) | | | _____ |
| 2 | Kitchen chairs | | | _____ |
| 1 | Kitchen table | | | _____ |
| 1 | Microwave Convection oven with griller | | | _____ |
| 1 | Refrigerator 115 Litre (Disabled Apt 80 Litre) | | | _____ |
| 1 | Electric cook top (2 Plate ) | | | _____ |
| 1 | Range hood (recirculating type) | | | _____ |
| 1 | Stainless steel sink with tap ware | | | _____ |
| 1 | Fire Blanket | | | _____ |
| 1 | Carpet | | | _____ |
| 1 | Walls | | | _____ |
| 1 | Ceiling | | | |

***If a resident fails to advise of any problems within 24 hours, the resident will be taken to have been satisfied with the condition of the bedroom and apartment which he or she has occupied and confirmed that the apartment is in good and undamaged condition.***
***You will be billed for any loss or damage not reported by you at this time.***

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**ONE BEDROOM APARTMENT**
**(Page 2 of 2)**

Resident Name: _____ Room No: _____ Date: _____

Signature: _____

| | **Bathroom** | √ | X | **Condition** |
|---|---|---|---|---|
| 1 | Trash bin | | | _____ |
| 1 | Shower screens | | | _____ |
| 1 | Basin | | | _____ |
| 1 | Mirror over sink (900x300) | | | _____ |
| 1 | Toiletry shelf | | | _____ |
| 1 | Towel rail (60 cm) | | | _____ |
| 1 | Toilet paper holder | | | _____ |
| 1 | Robe hook | | | _____ |
| 1 | Soap holder | | | _____ |
| 1 | Vent | | | |

| | **Housekeeping kit** | √ | X | **Condition** |
|---|---|---|---|---|
| 1 | Soft broom | | | _____ |
| 1 | Mop & Plastic bucket | | | _____ |
| 1 | Dustpan & Brush | | | |

**Comments: Please note any marks and damages on walls and ceilings**

**(INCLUDING COMMON AREAS)**

_____
_____
_____
_____
_____
_____
_____
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_____
_____
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_____
_____
_____

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