

Landlord Inventory Checklist



Need help with you move?

Call Selectra on **(01) 903 6556** to get set up with your utilities in one easy phone call!

Property Details

Type: Flat House Maisonette

Area: _____m²

Address: Name/Number: _____

Street: _____

Town: _____

County: _____

Postcode: _____

Date: __/__/__

Landlord's Signature:

Tenant's Signature:

Meters Readings

Electric:	
Gas:	
Water:	

General

Fitting/Appliance	Present?	Condition
Keys	<input type="checkbox"/>	
Front Door	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Interior

Fitting/Appliance	Present?	Condition
Smoke Alarm	<input type="checkbox"/>	
Carbon Monoxide Detector	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	
Ceilings	<input type="checkbox"/>	
Walls	<input type="checkbox"/>	
Lights	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Living Room

Fitting/Appliance	Present?	Condition
Curtains	<input type="checkbox"/>	
Sofa(s)	<input type="checkbox"/>	
TV	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	
Table	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bedroom 1

Fitting/Appliance	Present?	Condition
Bed	<input type="checkbox"/>	
Wardrobe	<input type="checkbox"/>	
Bedside Tables	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	
Curtains	<input type="checkbox"/>	
Chest of Drawers	<input type="checkbox"/>	
Desk	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bedroom 2

Fitting/Appliance	Present?	Condition
Bed	<input type="checkbox"/>	
Wardrobe	<input type="checkbox"/>	
Bedside Tables	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	
Curtains	<input type="checkbox"/>	
Chest of Drawers	<input type="checkbox"/>	
Desk	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bedroom 3

Fitting/Appliance	Present?	Condition
Bed	<input type="checkbox"/>	
Wardrobe	<input type="checkbox"/>	
Bedside Tables	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	
Curtains	<input type="checkbox"/>	
Chest of Drawers	<input type="checkbox"/>	
Desk	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bedroom 4

Fitting/Appliance	Present?	Condition
Bed	<input type="checkbox"/>	
Wardrobe	<input type="checkbox"/>	
Bedside Tables	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	
Curtains	<input type="checkbox"/>	
Chest of Drawers	<input type="checkbox"/>	
Desk	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bedroom 5

Fitting/Appliance	Present?	Condition
Bed	<input type="checkbox"/>	
Wardrobe	<input type="checkbox"/>	
Bedside Tables	<input type="checkbox"/>	
Chairs	<input type="checkbox"/>	
Curtains	<input type="checkbox"/>	
Chest of Drawers	<input type="checkbox"/>	
Desk	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Kitchen

Fitting/Appliance	Present?	Condition
Oven	<input type="checkbox"/>	
Washing Machine	<input type="checkbox"/>	
Counter Tops	<input type="checkbox"/>	
Cupboards	<input type="checkbox"/>	
Drawers	<input type="checkbox"/>	
Cutlery	<input type="checkbox"/>	
Iron	<input type="checkbox"/>	
Ironing Board	<input type="checkbox"/>	
Mop	<input type="checkbox"/>	
Broom	<input type="checkbox"/>	
Sink/Taps	<input type="checkbox"/>	
Curtains	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Bathroom

Fitting/Appliance	Present?	Condition
Sink/Taps	<input type="checkbox"/>	
Bath	<input type="checkbox"/>	
Shower	<input type="checkbox"/>	
Shower Curtain	<input type="checkbox"/>	
Cabinet	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	
Mirror	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Exterior

Fitting/Appliance	Present?	Condition
Outside Walls	<input type="checkbox"/>	
Roof Tiles	<input type="checkbox"/>	
Antenna	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Garage

Fitting/Appliance	Present?	Condition
Keys	<input type="checkbox"/>	
Door	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	