

# TENANT VACATING CHECKLIST



Please complete the checklist below and return to our Agency on the Handover date.

Return all keys/entry devices to the Property, the completed Exit Condition Report and receipts for pest control, carpet cleaning and pool condition report as applicable.

Rent is calculated up to and including the date when keys are handed into our Agency.

Please record forwarding addresses and contact details for each Tenant and also bank account details for electronic Bond refund disbursements from the RTA.

| PROPERTY ADDRESS   |                 |                 |                 |
|--|-----------------|-----------------|-----------------|
| Tenant Action  | Office Use      |                 |                 |
|  | Date            | Staff           |                 |
| <input type="checkbox"/> Premises returned to condition as per Entry Condition Report  |                 |                 |                 |
| <input type="checkbox"/> Exit Condition Report completed and enclosed  |                 |                 |                 |
| <input type="checkbox"/> Premises is securely locked including windows, doors and gates  |                 |                 |                 |
| <input type="checkbox"/> Council rubbish bins are out for collection or empty and cleaned  |                 |                 |                 |
| <input type="checkbox"/> Professional Carpet Cleaning receipt enclosed   |                 |                 |                 |
| <input type="checkbox"/> If pets at premises – Professional Registered Pest company's Receipt enclosed for Flea Fumigation                           |                 |                 |                 |
| <input type="checkbox"/> If pool at premises and Tenant's responsibility - a Pool Condition Report by professional pool service company is enclosed. |                 |                 |                 |
| <input type="checkbox"/> All keys & entry access items are enclosed including copies of keys given to friends / relatives/ cleaner etc               |                 |                 |                 |
| <input type="checkbox"/> Gas bottles removed / refilled as applicable to Agreement   |                 |                 |                 |
| <i>If more than 3 Tenants, attach information on a separate page</i>   | <b>TENANT 1</b> | <b>TENANT 2</b> | <b>TENANT 3</b> |
| Full Name/s  |                 |                 |                 |
| Forwarding address   |                 |                 |                 |
| Bank Account<br>Account Name:<br>BSB #:<br>Account #:  |                 |                 |                 |
| Email address  |                 |                 |                 |
| Work phone number  |                 |                 |                 |
| Mobile   |                 |                 |                 |
| Signature  |                 |                 |                 |
| Date   |                 |                 |                 |
| OFFICE USE ONLY  |                 |                 |                 |
| Date and Time Received   | Date:           | Time:           | Staff:          |