



Pacific Community Housing

Inspection Report

Office Use Only
Inspection Number

Routine Property Inspection Report

Condition of Property as at:

am/pm

Date:

Landlord	Landlord's Name: Pacific Community Housing		
	Phone:	Email:	
Inspection Agent	Name:		
	Phone:	Mobile:	Email:
Lease Details	Tenant/s:		Phone:
	Rent Amount:	Per. week / fortnight / month	
Property	Address:		
	Key No:	Number of Bedrooms:	

General Community Entrance Area

Visually Satisfactory	YES	NO	Comments
Foyer			
Stairs			
Walls / Windows / Doors / Locks			
Hallway/s			
Lights			
Other			

Property Exterior

Visually Satisfactory	YES	NO	Comments
Gardens / Grounds			
Guttering / Downpipes			
Gates / Fences			
Balcony / Porch			
Garage/Carport			
Garbage Area			
Eaves / Facias			
Other			

Property Interior

Visually Satisfactory	YES	NO	Comments
Entrance			
Hallway/s			
Lounge			
Dining			
Kitchen			
Bedroom 1			
Bedroom 2			
Bedroom 3			
Other Room/s			
Bathroom / Toilet			
Laundry			
Walls / Windows / Doors / Locks			
Lights			
Stairs			
Other			

Overall Condition

Visually Satisfactory	Comments
General Comments	
Repairs and Maintenance Requested by Tenant	

Additional Notes

Inspection Agent Detail

Agent Name:

Signature:

Date:

Please send this form by post or email to Pacific Community Housing
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email info@pacificcommunityhousing.com.au