

Apartment hand-over protocol

Please fill out during the handing-over of the housing space and then compare during the taking-over. To be signed both times by both parties.

| Object | | Basic state | | <input type="checkbox"/> like new | <input type="checkbox"/> good | <input type="checkbox"/> used | <input type="checkbox"/> old | |
|-------------------------|---|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|------------------------------|--|
| Housing space (address) | | | | | | | | |
| Subtenant (address): | | | | | | | | |
| Landlord (address): | | | | | | | | |
| Dates | | Date of the handing-over | | Date of the taking-over | | | | |
| Kitchen | Condition at the time of the handing over | | | Condition at the time of the taking-over | | | | |
| | ok | comments / description of condition | | ok | comments / description of condition | | | |
| Floor | | | | | | | | |
| Ceiling/walls | | | | | | | | |
| Electric appliances | | | | | | | | |
| Windows/shutters | | | | | | | | |
| Cupboards/doors | | | | | | | | |
| Taps | | | | | | | | |
| Cooking stove/oven | | | | | | | | |
| Fridge | | | | | | | | |
| Steam exhaust | | | | | | | | |
| Dishwasher | | | | | | | | |
| Coffee machine | | | | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| Furniture | | | | | | | | |
| - Tables | | | | | | | | |
| - Chairs | | | | | | | | |
| - | | | | | | | | |
| Kitchen- utensils | At the time of the handing over | | | At the time of the taking-over | | | | |
| | number | ok | comments / description of condition | number | ok | comments / description of condition | | |
| Cutlery | | | for how many persons? | | | | | |
| Dishes | | | for how many persons? | | | | | |
| Drinking glasses | | | for how many persons? | | | | | |
| Bowls | | | | | | | | |
| Pans | | | | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| Bathroom & WC | Condition at the time of the handing over | | | Condition at the time of the taking-over | | | | |
| | ok | comments / description of condition | | ok | comments / description of condition | | | |
| Floor | | | | | | | | |
| Ceiling/walls | | | | | | | | |
| Electric appliances | | | | | | | | |
| Windows/shutters | | | | | | | | |
| Bath/shower stall | | | | | | | | |
| Toilet/WC | | | | | | | | |
| Sink | | | | | | | | |
| Cupboards/doors | | | | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |
| Signatures | Landlord | | Subtenant | | Landlord | | Subtenant | |

| Room 1 Living room | Condition at the time of the handing over | | Condition at the time of the taking-over | |
|-----------------------|---|-------------------------------------|--|-------------------------------------|
| | ok | comments / description of condition | ok | comments / description of condition |
| Floor | | | | |
| Ceiling/walls | | | | |
| Electric appliances | | | | |
| Windows/shutters | | | | |
| Cupboards | | | | |
| Doors | | | | |
| TV/Video/DVD | | | | |
| Radio/HiFi | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| Room 2 | Condition at the time of the handing over | | Condition at the time of the taking-over | |
| | ok | comments / description of condition | ok | comments / description of condition |
| Floor | | | | |
| Ceiling/walls | | | | |
| Electric appliances | | | | |
| Windows/shutters | | | | |
| Cupboards | | | | |
| Doors | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| Room 3 | Condition at the time of the handing over | | Condition at the time of the taking-over | |
| | ok | comments / description of condition | ok | comments / description of condition |
| Floor | | | | |
| Ceiling/walls | | | | |
| Electric appliances | | | | |
| Windows/shutters | | | | |
| Cupboards | | | | |
| Doors | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| Room 4 | Condition at the time of the handing over | | Condition at the time of the taking-over | |
| | ok | comments / description of condition | ok | comments / description of condition |
| Floor | | | | |
| Ceiling/walls | | | | |
| Electric appliances | | | | |
| Windows/shutters | | | | |
| Cupboards | | | | |
| Doors | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| Signatures | Landlord | Subtenant | Landlord | Subtenant |

| Corridor | Condition at the time of the handing over | | Condition at the time of the taking-over | |
|---------------------|---|-------------------------------------|--|-------------------------------------|
| | ok | comments / description of condition | ok | comments / description of condition |
| Floor | | | | |
| Ceiling/walls | | | | |
| Electric appliances | | | | |
| Windows/shutters | | | | |
| Cupboards | | | | |
| Wardrobe | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| Veranda/ patio | Condition at the time of the handing over | | Condition at the time of the taking-over | |
| | ok | comments / description of condition | ok | comments / description of condition |
| Floor | | | | |
| Sunblind | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| Cellar/ attic | Condition at the time of the handing over | | Condition at the time of the taking-over | |
| | ok | comments / description of condition | ok | comments / description of condition |
| Electric appliances | | | | |
| - | | | | |
| Furniture | | | | |
| - | | | | |
| - | | | | |
| Keys | At the time of the handing over | | At the time of the taking-over | |
| | number | comments / description of condition | number | comments / description of condition |
| House keys | | | | |
| Flat keys | | | | |
| Mailbox keys | | | | |
| Cellar keys | | | | |
| other | | | | |
| Other | At the time of the handing over | | At the time of the taking-over | |
| | ok | comments / description of condition | ok | comments / description of condition |
| Bedclothes | | | | |
| Hand towels | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| - | | | | |
| Remarks | | | | |
| | | | | |
| Signatures | Landlord | Subtenant | Landlord | Subtenant |
| Instructions | <ul style="list-style-type: none"> - Please indicate the basic condition of the object on the first page. Your description is valid as the guideline for the evaluation "ok". - According to what you check, you need to take it more or less seriously while filling out the protocol. - Please set down in writing what you consider extremely valuable (e.g. heirlooms, paintings). - Please fill out the form together with the subtenant(s) and hand-out a copy to the the subtenant(s). | | | |