

Entry and Exit Property Condition Report (PCR)

Retirement Villages Act 1992 (the Act) (Section 14D)

How to complete this PCR

When a resident moves into their home in a village

1. **Within seven days** after a resident moves into their home, the operator must inspect the home and record its condition in the operator comments column.
2. **Within seven days** after the resident moves into their home, the operator must give the resident two completed and signed copies of the PCR.
3. As soon as possible after receiving the two copies, the resident should inspect their home and record in the resident comments column on one copy, any information they believe is incorrect.
4. A resident that disagrees with any information in the PCR must note the disputed information on one copy and return that copy to the operator. The resident must return the PCR **within seven days** and retain the second copy.
5. If the resident does not give a copy of the PCR back to the operator **within seven days**, the resident is taken to accept the contents of the PCR as a true and accurate description of the condition of their home.
6. If photographs or video recordings are made during the inspection, all parties should sign and date the photographs or accompanying record.

Note: Photographs and/or video recordings are not a substitute for accurate written descriptions of the condition of the property.

When a resident permanently moves out of their home in a village

1. The operator must give the resident a reasonable opportunity to be present at the exit inspection.
2. As soon as practicable, and **no later than 14 days** after the day of permanent vacation, the operator must inspect the premises, prepare the final report and provide a copy to the resident.
3. Record whether the resident attended and, if not, how and when the resident was given a reasonable opportunity to attend.
4. Complete the exit condition columns, the relevant declarations and any agreed work or reinstatement sections.

More information about PCRs is available on the Consumer Protection website:

www.consumerprotection.wa.gov.au/rvpcr

Section 1: Information about the village and the operator

About the retirement village	Name of village					
	Address line 1					
	Address line 2					
	Suburb/Town		State		Postcode	
About the village operator	Village operator name (entity)					
	Business trading name (if different from above)					
	Australian Company or Business Number (if no ACN, insert ABN):					
	Email		Phone			
	Business address (if different to above)					
	Address line 1					
	Address line 2					
	Suburb/Town		State		Postcode	

Section 2: Information about the resident or residents and the unit

Address of unit to which the property condition report relates	Address line 1					
	Address line 2					
	Suburb/Town		State		Postcode	
Resident 1 contact information	Full name					
	Email					
	Phone					
Resident 2 contact information (if required)	Full name					
	Email					
	Phone					

Section 3: Information about inspection of the unit

Details of the person who completed the inspection of the premises on behalf of the operator

Entry PCR	Full name	
	Email	
	Phone	
Exit PCR	Full name	
	Email	
	Phone	

Date on which the premises were inspected

Entry PCR date		Exit PCR date	
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Date PCR was prepared

Entry PCR date		Exit PCR date	
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Note: The resident is entitled to be at the exit inspection. The operator must inspect the premises and complete the exit component of this PCR.

Was the resident present for the inspection?

Entry PCR	☐ Yes	☐ No	Exit PCR	☐ Yes	☐ No
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For an Exit PCR, if the resident was not present at the inspection, describe how and when the resident was given a reasonable opportunity to attend

Date on which the resident or former resident was given a copy of this PCR

Entry PCR date		Exit PCR date	
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Section 4: Condition of the unit and included items

Describe below the condition of each room in the unit and any items included with the unit.

Note: Insert N/A for any listed items that do not form part of the unit.

		Condition of premises – ENTRY		Condition of premises – EXIT	
		Operator comments	Resident comments	Operator comments	Resident comments
Entry/Hall	Front door				
	Screen door / security door				
	Walls and picture hooks				
	Windows/ screens				
	Ceiling				
	Light fittings				

Entry/Hall continued...	Blinds/ curtains				
	Power points				
	Floor coverings				
	Access ramp				
Lounge	Doors and door frames				
	Walls and picture hooks				
	Windows/ screens				
	Ceiling				

Lounge continued...	Light fittings				
	Blinds/curtains				
	TV/power points				
	Floor coverings				
Kitchen	Doors and door frames				
	Walls and picture hooks				
	Windows/screens				
	Ceiling				

Kitchen continued...	Light fittings				
	Blinds/ curtains				
	Power points				
	Floor coverings				
	Cupboards/ drawers				
	Benchtops/ tiling				
	Sink and taps				
	Stovetop/ hotplates				

Kitchen continued...	Oven/griller				
	Exhaust fan / rangehood				
	Fridge				
	Microwave				
	Dishwasher				
Bedroom 1	Doors and door frames				
	Walls and picture hooks				
	Windows/ screens				

Bedroom 1 continued...	Ceiling				
	Light fittings				
	Blinds/ curtains				
	Power points				
	Floor coverings				
Bedroom 2	Doors and door frames				
	Walls and picture hooks				
	Windows/ screens				

Bedroom 2 continued...	Ceiling				
	Light fittings				
	Blinds/ curtains				
	Power points				
	Floor coverings				
Bathroom 1	Doors and door frames				
	Walls/tiles				
	Windows/ screens				

Bathroom 1 continued...	Ceiling				
	Light fittings				
	Blinds/ curtains				
	Power points				
	Floor coverings				
	Bath/taps				
	Shower, screen and taps				
	Wash basin/ taps				

Bathroom 1 continued...	Towel rails				
	Toilet/cistern/ seat				
	Toilet roll holder				
	Heating/ exhaust fan/ vent				
Laundry	Doors and door frames				
	Walls/tiles				
	Windows/ screens				
	Ceiling				

Laundry continued...	Light fittings				
	Blinds/ curtains				
	Power points				
	Floor coverings				
	Washing machine taps				
	Heating/ exhaust fan/ vent				
	Washing tub				

Security	Smoke alarms				
	Electrical safety switch				
	Keys/other opening devices				
General	Paving				
	Clotheslines				
	Storeroom				
	Garage/ carport				
	Garden shed				

Section 5: Agreed repairs, maintenance, and replacement (Entry PCR only)

Note: This section records any maintenance, repairs, or replacement work that the operator has agreed to carry out on the unit or its included items.

5.1 Agreed repairs

Has the operator agreed to repair any part of the unit or any included item after the resident moved in?

☐ Yes

☐ No (go to 5.2)

If yes, provide details of each agreed repair and its estimated completion date.

Repairs to be undertaken	Date by which work will be completed

5.2 Agreed maintenance

Has the operator agreed to ongoing maintenance of any part of the unit or any included item after the resident moved in?

☐ Yes

☐ No (go to 5.3)

If yes, provide details of the maintenance to be undertaken and its estimated completion date.

Maintenance to be undertaken	Date by which work will be completed

5.3 Agreed replacement

Has the operator agreed to replace any part of the unit or any included item after the resident moved in?

☐ Yes

☐ No (go to section 6)

If yes, provide details of each agreed replacement and its estimated completion date.

Parts of the unit or included items to be replaced	Date by which work will be completed

Note: Further items and comments may be recorded on a separate sheet. The operator and resident must sign this sheet, which must be attached to this PCR.

Section 6: Reinstatement work identified (Exit PCR only)

Note: This section identifies any items or parts of the premises that the operator considers require reinstatement having regard to section 27 of the Act.

6.1 Items identified for reinstatement

After the resident vacated the unit, did the operator identify any items or parts of the premises for reinstatement?

☐ Yes

☐ No (go to 6.2)

If yes, detail below all items or parts of the premises identified for reinstatement.

Items or parts of the premises

6.2 Basis for identified reinstatement work

Explain the basis for the reinstatement work identified above including why any deterioration is not fair wear and tear and therefore is the responsibility of the resident to reinstate.

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Entry Report Only

Operator declaration

I confirm that the information recorded in this report is a true and accurate description of the condition of the premises.

Name of operator

Title

Signature

Date

Resident 1 declaration

I confirm that I have reviewed the information in this PCR and indicate below whether I agree with it.

☐ I agree with the information in this PCR ☐ I don't agree with some information in this PCR

If you disagree with any information in this report, please provide details below. You may wish to discuss any concerns about the condition of the unit with the operator before completing this PCR.

Name of resident 1

Signature

Date

Resident 2 declaration

I confirm that I have reviewed the information in this PCR and indicate below whether I agree with it.

☐ I agree with the information in this PCR ☐ I don't agree with some information in this PCR

If you disagree with any information in this report, please provide details below. You may wish to discuss any concerns about the condition of the unit with the operator before completing this PCR.

Name of resident 2

Signature

Date

Exit Report Only

Operator declaration

I confirm that the information recorded in this report is true and correct.

Name of operator

Title

Signature

Date

Resident 1 declaration

I confirm that I have reviewed the information in this PCR and indicate below whether I agree with it.

☐ I agree with the information in this PCR ☐ I don't agree with some information in this PCR

If you disagree with any information in this report, please provide details below. You may wish to discuss any concerns about the condition of the unit with the operator before completing this PCR.

Name of resident 1

Signature

Date

Resident 2 declaration

I confirm that I have reviewed the information in this PCR and indicate below whether I agree with it.

☐ I agree with the information in this PCR ☐ I don't agree with some information in this PCR

If you disagree with any information in this report, please provide details below. You may wish to discuss any concerns about the condition of the unit with the operator before completing this PCR.

Name of resident 2

Signature

Date

Important notes about this PCR

1. This PCR is an important record of the condition of the premises when the resident enters occupation and when the resident permanently vacates. It may be used as evidence if a dispute arises, particularly about reinstatement.
2. A resident is not responsible for deterioration resulting from fair wear and tear. Fair wear and tear is deterioration occurring through ordinary use, such as worn carpet or faded curtains. Deliberate damage, or damage caused by neglect or negligence, is not fair wear and tear.
3. A resident may be required to pay for reinstatement if:
 - they did not leave the premises in the condition required by section 27 of the Act, allowing for fair wear and tear;
 - their residence contract requires payment for reinstatement; and
 - they have agreed on the amount payable with the operator or it has been determined by the State Administrative Tribunal.
4. Photographs and video recordings may support the written descriptions, but they do not replace complete and accurate written condition information.
5. Keep this PCR, all signed attachments and any photographs or recordings together.

Further information

For more information or help filling out this form:

Email: consumer@lgirs.wa.gov.au

Call 1300 30 40 54 on weekdays from 8:30am to 4:30pm.

Visit: www.consumerprotection.wa.gov.au/retirement-villages