

# Room Only Accommodation Agreement (Boarders & Lodgers)

## An agreement to rent accommodation

at \_\_\_\_\_ (the premises)

made on (date) \_\_\_\_\_ 20 \_\_\_\_\_

(1) Name of occupant: \_\_\_\_\_  
Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

(2) Name of occupant: \_\_\_\_\_  
Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Name of Accommodation Provider: \_\_\_\_\_  
Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Address if not the same as above at 'the premises': \_\_\_\_\_  
\_\_\_\_\_

Accommodation providers contact number: \_\_\_\_\_

### **The Accommodation Provider Agrees To:**

- Pay rates, taxes, telephone rental and maintenance (if the home owner)
- Provide and maintain the premises in good order and condition

### **Allow the occupant access to and use of the bedroom (as inspected) and: (✓ applicable)**

- |   |  |
|---|--|
| <input type="checkbox"/> Kitchen                | <input type="checkbox"/> Family Room     |
| <input type="checkbox"/> Laundry                | <input type="checkbox"/> Bathroom/toilet |
| <input type="checkbox"/> Garage                 | <input type="checkbox"/> Pool/Garden     |
| <input type="checkbox"/> Other (describe) _____ |  |

### **Provide the following additional services at no extra charge: (tick if applicable)**

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Breakfast              | <input type="checkbox"/> Lunch    |
| <input type="checkbox"/> Dinner                 | <input type="checkbox"/> Ironing  |
| <input type="checkbox"/> Laundry                | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Other (describe) _____ |                                   |

### **Allow the occupant:**

- Privacy and unconditional access to the room and described facilities.

### **Provide: (✓ appropriate)**

- |                                   |                               |                                    |                               |
|-----------------------------------|-------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Room key | N <sup>o</sup> of keys: _____ | <input type="checkbox"/> House key | N <sup>o</sup> of keys: _____ |
|-----------------------------------|-------------------------------|------------------------------------|-------------------------------|

### **The Occupant (named above) Agrees To Pay:**

- Bond of \$ \_\_\_\_\_ on \_\_\_\_\_ (date)
- Rent of \$ \_\_\_\_\_ commencing on \_\_\_\_\_ (date) and each (week/fortnight) thereafter.
- The cost of telephone calls made by the occupant.
- Gas, electricity and water charges if renting room only (normally inclusive in full board arrangements). \_\_\_\_\_% of the account; **or** \$ \_\_\_\_\_ per week.

**The occupant also agrees to:**

- Provide \_\_\_\_\_ week/s notice when vacating the property; **or** will vacate the property on \_\_\_\_\_ (date).
- Respect the rights of the accommodation provider by:
  - Not damaging the room or the premises
  - Using the room for personal use only
  - Maintaining own bedroom in a reasonably clean and orderly state

**The Accommodation Provider and occupant each agree:**

1. A property inspection report on the premises shall be compiled by the accommodation provider and signed by both parties.
2. To inspect the premises on the day that the student moves out.
3. The bond will be placed into an authorised financial institution. The bond money shall be returned at the end of this agreement, less any agreed costs for any due rent/damages/bills due.
4. Permission will be obtained before entering rooms designated for the exclusive use of the accommodation provider or occupant.
5. The house and the property of other housemates will be treated with appropriate care.
6. Illegal, unlawful or unsociable activities will not be undertaken on the premises.
7. All common areas will be kept in a reasonably clean and orderly state.
8. Excessive noise and other disturbances will not be created.
9. All difficulties in the house will be openly discussed to try and reach a mutually satisfactory resolution.
10. To abide by any other conditions as attached. (Signed and dated by all parties).

**Signatures:**

Occupant (1) \_\_\_\_\_ Date \_\_\_\_\_

Occupant (2) \_\_\_\_\_ Date \_\_\_\_\_

Accommodation Provider \_\_\_\_\_ Date \_\_\_\_\_

**Any unresolvable dispute shall be referred to:**  
**The Department of Commerce, Consumer Protection**  
219 St. Georges Terrace  
PERTH WA 6000  
Consumer Protection Advice Line: 1300 304 054 (cost of a local call)  
Email: [consumer@commerce.wa.gov.au](mailto:consumer@commerce.wa.gov.au)  
Web: [www.commerce.wa.gov.au](http://www.commerce.wa.gov.au)

**A copy of the agreement must be provided to all signatories.**