



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 01-08-2026      | Dudlow Blake | Joshua House | K0108 |

|   |                    |
|---|--------------------|
| Approved By   | Nilsa Reyes        |
| Resident Name   | Nurbek Baisyl daev |
| Forwarding Mailing Address  | Not Available      |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 01-08-2026         |

| Damage Summary                   |                                    |              |  |          |
|----------------------------------|------------------------------------|--------------|--|----------|
| Main Category                    | Sub Category                       | Charges Type | Note   | Charges  |
| LIVING ROOM                      | Walls / Outlets                    | Repair       |  | \$0      |
| BATHROOM                         | Cleaning Bathroom                  | Clean        |  | \$75     |
| CARPET                           | Replace Carpet 2 Bedroom           | Replace      | Bedroom carpets only need to be replaced- pro rated amount | \$264    |
| MISCELLANEOUS                    | Removal Of Bulk Items              | Clean        |  | \$0      |
| MISCELLANEOUS                    | Was personal property left behind? |              |  | \$0      |
| MISCELLANEOUS                    | Was the resident locked out?       |              |  | \$0      |
| <b>Additional Damage Charges</b> |                                    |              |  |          |
| Total Charges                    |                                    |              |  | \$339.00 |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Walls / Outlets:    | Not Ok |
| Charges Type        | Repair |
| Charges             |        |
| Comment             | Repair |



| <b>DINING ROOM:</b> |    |
|---------------------|----|
| Ceilings / Lights:  | Ok |
| Walls / Outlets:    | Ok |
| Window:             | Ok |
| Window coverings:   | Ok |

| <b>KITCHEN:</b>                                    |    |
|--|----|
| Backsplash:  | Ok |
| Cabinets:  | Ok |
| Ceiling Fan:                                       | Ok |
| Ceiling Light Fixture:                             | Ok |
| Ceiling Lights:                                    | Ok |
| Cleaning of Stove:                                 | Ok |
| Counter Top:                                       | Ok |
| Dishwasher:  | Ok |
| Drip Pan:  | Ok |
| Electric Meter:                                    | Ok |
| Faucet:  | Ok |
| Faucet Knobs:                                      | Ok |
| Floors:  | Ok |
| Formica/Tiles:                                     | Ok |
| Garbage Disposal:                                  | Ok |
| Is there a FireAvert red box, plug, and solenoid?: | Ok |
| Kitchen Sink:                                      | Ok |
| Microwave:   | Ok |
| Other:   | Ok |

|                         |    |
|-------------------------|----|
| Oven / Range:           | Ok |
| Oven Door Handle:       | Ok |
| Oven Racks:             | Ok |
| Range Top:              | Ok |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper:         | Ok |
| Stove Knob:             | Ok |
| Wall Outlets:           | Ok |
| Washer/Dryer:           | Ok |
| Window Coverings:       | Ok |

| <b>BEDROOMS:</b>   |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| <b>BATHROOM:</b>   |          |
|--------------------|----------|
| Cabinets / Mirror: | Ok       |
| Ceiling Lights:    | Ok       |
| Cleaning Bathroom: | Not Ok   |
| Charges Type       | Clean    |
| Charges            |          |
| Comment            | Cleaning |



|  |    |
|--|----|
| Complete Toilet:   | Ok |
| Counter Top:   | Ok |
| Floors:  | Ok |
| Formica /Tile:   | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:  | Ok |
| Mirror Cabinet:  | Ok |
| Other:   | Ok |
| Remove Mildew on Tiles:                                    | Ok |
| Shower Curtain Bar:  | Ok |
| Shower Head:   | Ok |
| Sink:  | Ok |
| Soad Dish (Tub):   | Ok |
| Soap Dish (Sink):  | Ok |
| Toilet Paper Holder:                                       | Ok |
| Toilet Tank:   | Ok |
| Towel Bar:   | Ok |
| Tub Knob(s):   | Ok |
| Tub Reglazing:   | Ok |
| Vanity Cabinet:  | Ok |
| Wall Outlets:  | Ok |
| Window:  | Ok |

|   |    |
|---|----|
| <b>LOCKS:</b>   |    |
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |

|                                  |    |
|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

|               |  |
|---------------|--|
| <b>DOORS:</b> |  |
|---------------|--|

|                                      |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

| <b>PAINTING:</b>              |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

| <b>CARPET:</b>            |         |
|---------------------------|---------|
| Replace Carpet 2 Bedroom: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



| <b>MISCELLANEOUS:</b>               |    |
|-------------------------------------|----|
| Broken Window Glass (Per Pane):     | Ok |
| Cabinet Equipment:                  | Ok |
| Carbon Monoxide Detector:           | Ok |
| Cleaning of Apartment:              | Ok |
| Clear Storage Locker:               | Ok |
| Closet Shelves:                     | Ok |
| Common Area damaged during moveout: | Ok |
| Door Intercom System:               | Ok |
| Exhaust Fan:                        | Ok |

|  |          |
|--|----------|
| Fan Blades:  | Ok       |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok       |
| Light Globes:  | Ok       |
| Mini Blind(s) each:  | Ok       |
| Outside Lights:  | Ok       |
| Phone Jack:  | Ok       |
| Rallings:  | Ok       |
| Removal Of Bulk Items:   | Not Ok   |
| Charges Type   | Clean    |
| Charges  |          |
| Comment  | Cleaning |



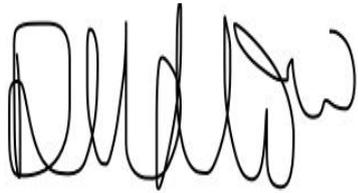
|  |        |
|--|--------|
| Remove Debris (Per Bag):                 | Ok     |
| Sliding Mirror/Glass Door (2):           | Ok     |
| Smoke Detector Alarm:                    | Ok     |
| Stoppage by foreign object in any drain: | Ok     |
| Switch Plate Covers:                     | Ok     |
| Thermostat Cover:                        | Ok     |
| Vertical Blinds:                         | Ok     |
| Vinly Tile Bathroom:                     | Ok     |
| Vinly Tile Kitchen:                      | Ok     |
| Was personal property left behind?:      | No     |
| Charges Type                             |        |
| Charges                                  | 0      |
| Was the resident locked out?:            | Not Ok |
| Charges Type                             |        |
| Charges                                  | 0      |

|                        |    |
|------------------------|----|
| Window Screen(s) each: | Ok |
| Window Sills:          | Ok |

|  |    |
|--|----|
| <b>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|          |  |
|----------|--|
| Resident |  |
|----------|--|

|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Dudlow Blake |
|-------------------------------------|--------------|




|            |              |
|------------|--------------|
| Technician | Dudlow Blake |
|------------|--------------|

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|