

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|------------------|--------------|-------|
| 01-12-2024 | Orlando Gonzalez | Joshua House | L0303 |

| Approved By | Nilsa Reyes |
|------------------------------|--|
| Resident Name | Thomas Wright |
| Forwarding Mailing Address | 2607 Welsh Road Apt F102 Philadelphia PA 19114 |
| Date Resident Turned in Keys | 01-09-2024 |

| Damage Summary | | | | |
|---------------------------|------------------------|--------------|--|---------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| BEDROOMS | Floors / Carpet | Clean | | \$0.00 |
| BATHROOM | Complete Toilet | Clean | | \$0.00 |
| BATHROOM | Medicine Cabinet | Clean | | \$0.00 |
| BATHROOM | Remove Mildew on Tiles | Clean | Resident came back and cleaned apt | \$0.00 |
| BATHROOM | Sink | Clean | | \$0.00 |
| BATHROOM | Toilet Paper Holder | Repair | | \$0.00 |
| BATHROOM | Toilet Tank | Clean | | \$0.00 |
| BATHROOM | Tub Reglazing | Repair | | \$0.00 |
| Additional Damage Charges | | | | |
| | | | Total Charges | \$0.00 |

| Amenities to be added to this Unit | |
|------------------------------------|--|
| Plank Flooring | |

| LIVING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |

| Other: | Ok |
|-------------------|----|
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

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

| KITCHEN: | |
|------------------------|----|
| 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 |
| 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 |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok |
| Wall Outlets: | Ok |
| Washer/Dryer: | Ok |
| Window Coverings: | Ok |

| BEDROOMS: | |
|--------------------|--------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Other: | Ok |
|-------------------|----|
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| BATHROOM: | |
|--------------------|--------|
| Cabinets / Mirror: | Ok |
| Ceiling Lights: | Ok |
| Cleaning Bathroom: | Ok |
| Complete Toilet: | Not Ok |
| Charges Type | Clean |
| Charges | |

Comment Dirty



| Counter Top: | Ok |
|--|--------|
| Floors: | Ok |
| Formica /Tile: | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Mirror Cabinet: | Ok |
|-------------------------|--------|
| Other: | Ok |
| Remove Mildew on Tiles: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Shower Curtain Bar: | Ok |
|---------------------|--------|
| Shower Head: | Ok |
| Sink: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Soad Dish (Tub): | Ok |
|----------------------|--------|
| Soap Dish (Sink): | N/A |
| Toilet Paper Holder: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Loose |



| Toilet Tank: | Not Ok |
|--------------|--------|
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Towel Bar: | Ok |
|----------------|------------|
| Tub Knob(s): | Ok |
| Tub Reglazing: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Need glaze |



| Vanity Cabinet: | Ok |
|-----------------|----|
| Wall Outlets: | Ok |
| Window: | Ok |

| LOCKS: | |
|---|----|
| 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 |

| KEYS: | |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key: | Ok |

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

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

| CARPET: | |
|---------------------------|-----|
| Burns: | N/A |
| Deodorize: | N/A |
| Pet Treatment (Odor): | N/A |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 2 Bedroom: | N/A |
| Stain Removal: | N/A |

| MISCELLANEOUS: | |
|-------------------------------------|----|
| 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: | Ok |
| 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: | |
| Vertical Blinds: | Ok |
| Vinly Tile Bathroom: | Ok |
| Vinly Tile Kitchen: | Ok |
| Was personal property left behind?: | Yes |
| Estimated Value of Personal Property is. \$ | 0 |
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

| OVERALL: | |
|--|----|
| Signs of Moisture inside the apartment: | Ok |
| Signs of Moisture outside the apartment: | Ok |

| I | Resident | not available |
|---|----------|---------------|
|---|----------|---------------|



| Lindy Community Re | presentative Name |
|--------------------|-------------------|
|--------------------|-------------------|

Orlando Gonzalez

| Technician | Orlando Gonzalez |
|--------------------------------------|------------------|
| Resident not available for signature | YES |