



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property      | Units |
|-----------------|-------------|---------------|-------|
| 01-16-2024      | Jeff Wilson | Westgate Arms | I2    |

|                              |              |
|------------------------------|--------------|
| Approved By                  | Jeff Wilson  |
| Resident Name                | Shamika Tabb |
| Forwarding Mailing Address   | Non given    |
| Date Resident Turned in Keys | 01-16-2024   |

| Damage Summary            |                                    |              |                                   |          |
|---------------------------|------------------------------------|--------------|-----------------------------------|----------|
| Main Category             | Sub Category                       | Charges Type | Note                              | Charges  |
| MISCELLANEOUS             | Common Area damaged during moveout | Repair       |                                   | \$100.00 |
| MISCELLANEOUS             | Was personal property left behind? |              | No personal property left behind. | \$0.00   |
| Additional Damage Charges |                                    |              |                                   |          |
| Total Charges             |                                    |              |                                   | \$100.00 |

| 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 |

|                               |    |
|-------------------------------|----|
| <b>KITCHEN:</b>               |    |
| Backsplash:                   | Ok |
| <b>Cabinets:</b>              |    |
| Cabinet Door:                 | Ok |
| <b>Cabinets:</b>              |    |
| Cabinet Handle:               | Ok |
| <b>Cabinets:</b>              |    |
| Cabinet Shelf:                | Ok |
| Ceiling Fan:                  | Ok |
| Ceiling Light Fixture:        | Ok |
| Ceiling Lights:               | Ok |
| Cleaning of Stove:            | Ok |
| Counter Top:                  | Ok |
| <b>Dishwasher:</b>            |    |
| Dishwasher Knob:              | Ok |
| <b>Dishwasher:</b>            |    |
| Dishwasher Rack:              | Ok |
| <b>Dishwasher:</b>            |    |
| Dishwasher Silverware Holder: | 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 |
|--------|----|

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Cleaning:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven door handle:    | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven drip pan:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven knobs:          | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Racks:          | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range burners:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range Hood:          | Ok |

|                   |    |
|-------------------|----|
| Oven Door Handle: | Ok |
|-------------------|----|

|             |    |
|-------------|----|
| Oven Racks: | Ok |
|-------------|----|

|            |    |
|------------|----|
| Range Top: | Ok |
|------------|----|

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Cleaning Refrigerator:         | Ok |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Drawers):        | Ok |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Shelf and Bars): | Ok |

|                                     |    |
|-------------------------------------|----|
| <b>Refrigerator (Freezer):</b>      |    |
| Refrigerator Crisper Glass/Plastic: | 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 |

| <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:                                         | Ok |
| 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>            |    |
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |

|                           |    |
|---------------------------|----|
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

| <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: | Not Ok                  |
| Charges Type                        | Repair                  |
| Charges                             |                         |
| Comment                             | Damage to wall and door |



|                                                                                              |            |
|----------------------------------------------------------------------------------------------|------------|
| 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         |
| Date of Installation                                                                         | 2018-04-16 |
| 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:                        | Ok |
| Vertical Blinds:                         | Ok |
| Vinly Tile Bathroom:                     | Ok |
| Vinly Tile Kitchen:                      | Ok |
| Was personal property left behind?:      | No |
| 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                             |             |
| <div> <div></div> <div></div> </div> |             |
| Lindy Community Representative Name  | Jeff Wilson |

A handwritten signature in black ink, consisting of a large, stylized 'W' or 'J' shape with a horizontal stroke at the end.

Technician

Jeff Wilson

Resident not available for signature

YES