



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|---------------|-------------------|--------|
| 01-29-2026 | Joseph Cooper | Towers at Wyncote | 0706-2 |

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|---|------------------------------------|
| Approved By | Joyce Zamorski |
| Resident Name | William Falone |
| Forwarding Mailing Address | 213 Wynstone Ct., Colmar, PA 18915 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 01-25-2026 |

| Damage Summary | | | | |
|----------------------------------|--------------------------|--------------|---------------------------------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Oven / Range | Oven knobs | Replace | no charge | \$0 |
| CARPET | Replace Carpet 1 Bedroom | Replace | replace 1 bedroom carpet-stains | \$300 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$300.00 |

| LIVING ROOM: | |
|---------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| DINING ROOM: | |
|---------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring: | Ok |

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

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

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| Oven / Range: | |
| Oven Cleaning: | Ok |

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| Oven / Range: | |
| Oven door handle: | Ok |

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| Oven / Range: | |
| Oven drip pan: | Ok |

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|----------------------|---|
| Oven / Range: | |
| Oven knobs: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Screen replace non typical damage or wear |



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| Oven / Range: | |
| Oven Racks: | Ok |

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| Oven / Range: | |
| Range burners: | Ok |

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| Oven / Range: | |
| Range Hood: | Ok |

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

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

| BEDROOMS: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Ok |
| Other: | Ok |
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| BATHROOM: | |
|--|----|
| 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 |
| Plank Flooring: | Ok |
| Remove Mildew on Tiles: | Ok |
| Shower Curtain Bar: | Ok |
| Shower Head: | Ok |

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| 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 |

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| 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 |
| Mail-Box Lock: | Ok |

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

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

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

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|---------------------------|---------|
| CARPET: | |
| Burns: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Stains |



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

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|---------------------------------|----|
| 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 |

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| 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: | Ok |
| Vertical Blinds: | Ok |
| Vinly Tile Bathroom: | Ok |
| Vinly Tile Kitchen: | Ok |
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

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

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| Resident | |
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Lindy Community Representative Name

Joseph Cooper

A handwritten signature in black ink, appearing to be 'J. Cooper', is written in the center of the large empty rectangular area.

Technician

Joseph Cooper

Resident not available for signature

YES