

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 02-01-2023      | William Steever | Park at Westminster | E20   |

| Approved By                  | Ketty Bailey                       |
|------------------------------|------------------------------------|
| Resident Name                | Alicia Eldridge                    |
| Forwarding Mailing Address   | 209 Buckley St, Bristol , PA 19007 |
| Date Resident Turned in Keys | 01-31-2023                         |

| Damage Summary            |                              |              |        |          |
|---------------------------|------------------------------|--------------|--------|----------|
| Main Category             | Sub Category                 | Charges Type | Note   | Charges  |
| PAINTING                  | Over Dark Colors (Per Room)  | Repair       |        | \$150.00 |
| PAINTING                  | Wallpaper Removal (Per Room) | Repair       |        | \$400.00 |
| CARPET                    | Replace Carpet 2 Bedroom     | Repair       |        | \$0.00   |
| MISCELLANEOUS             | Removal Of Bulk Items        | Clean        |        | \$0.00   |
| Additional Damage Charges |                              |              |        |          |
|                           |                              | Total Cl     | narges | \$550.00 |

| 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 |

| 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:   | Ok |
| Other:             | 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 |
| 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 |  |
|---------|----|--|
|---------|----|--|

| 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 |

| 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): | Not Ok   |
| Charges Type                 | Repair   |
| Charges                      |  |
| Comment                      | Living room and both bedrooms have dark colored walls residents own paint. |



Wallpaper Removal (Per Room):

Not Ok

| Charges Type | Repair                                  |
|--------------|---|
| Charges      |   |
| Comment      | Hall bedroom is pink and marks on door. |



| CARPET:                   |  |
|---------------------------|--|
| Burns:                    | Ok   |
| Deodorize:                | Ok   |
| Pet Treatment (Odor):     | Ok   |
| Replace Carpet 1 Bedroom: | Ok   |
| Replace Carpet 2 Bedroom: | Not Ok   |
| Charges Type              | Repair   |
| Charges                   |  |
| Comment                   | Master bedroom threshold to bathroom ripped out and taped over.<br>Living room slightly stained. |



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

| 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 |
| Fire extinguisher:   | 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                | Left a few things behind. |



| 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 |

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

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

| Lindy Community Representative Name | William Steever |
|-------------------------------------|-----------------|
| M. A                                |                 |

| Technician                           | William Steever |
|--------------------------------------|-----------------|
| Resident not available for signature | YES             |