



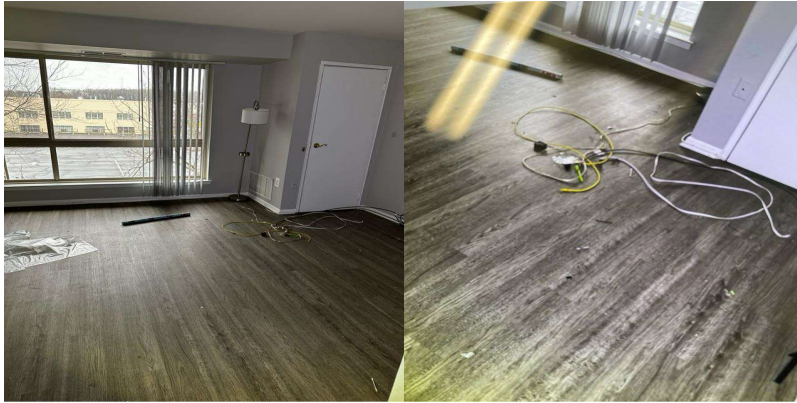
# Move Out Inventory & Condition Form

| Inspection Date | Technician       | Property     | Units |
|-----------------|------------------|--------------|-------|
| 02-06-2024      | Orlando Gonzalez | Joshua House | H0305 |

|                              |                                  |
|------------------------------|----------------------------------|
| Approved By                  | Nancy Benner                     |
| Resident Name                | Ashley Rosser                    |
| Forwarding Mailing Address   | P.O. Box 946 Jenkintown PA 19046 |
| Date Resident Turned in Keys | 02-01-2024                       |

| Damage Summary            |                              |              |                              |          |
|---------------------------|------------------------------|--------------|------------------------------|----------|
| Main Category             | Sub Category                 | Charges Type | Note                         | Charges  |
| LIVING ROOM               | Other                        | Clean        | Apartment Not cleaned        | \$150.00 |
| DINING ROOM               | Walls / Outlets              | Repair       |                              | \$0.00   |
| KITCHEN                   | Other                        | Repair       |                              | \$0.00   |
| PAINTING                  | Holes in Walls (Each Hole)   | Repair       |                              | \$40.00  |
| PAINTING                  | Wallpaper Removal (Per Room) | Replace      | Removal of stickers on walls | \$75.00  |
| Additional Damage Charges |                              |              |                              |          |
| Total Charges             |                              |              |                              | \$265.00 |

| LIVING ROOM:       |                  |
|--------------------|------------------|
| Ceilings / Lights: | Ok               |
| Door / Closet:     | Ok               |
| Other:             | Not Ok           |
| Charges Type       | Clean            |
| Charges            |                  |
| Comment            | Left trash dirty |




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

| <b>DINING ROOM:</b> |        |
|---------------------|--------|
| Ceilings / Lights:  | Ok     |
| Walls / Outlets:    | Not Ok |
| Charges Type        | Repair |
| Charges             |        |
| Comment             | Damage |



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

|  |                  |                    |  |                               |    |
|--|------------------|--------------------|--|-------------------------------|----|
| Comment  | Dirty            |                    |  |                               |    |
|   |                  |                    |  |                               |    |
| Counter Top:   | Ok               |                    |  |                               |    |
| <table border="1"> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Knob:</td> <td>Ok</td> </tr> </table>              |                  | <b>Dishwasher:</b> |  | Dishwasher Knob:              | Ok |
| <b>Dishwasher:</b>   |                  |                    |  |                               |    |
| Dishwasher Knob:   | Ok               |                    |  |                               |    |
| <table border="1"> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Rack:</td> <td>Ok</td> </tr> </table>              |                  | <b>Dishwasher:</b> |  | Dishwasher Rack:              | Ok |
| <b>Dishwasher:</b>   |                  |                    |  |                               |    |
| Dishwasher Rack:   | Ok               |                    |  |                               |    |
| <table border="1"> <tr> <td><b>Dishwasher:</b></td> <td></td> </tr> <tr> <td>Dishwasher Silverware Holder:</td> <td>Ok</td> </tr> </table> |                  | <b>Dishwasher:</b> |  | Dishwasher Silverware Holder: | 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:   | Not Ok           |                    |  |                               |    |
| Charges Type   | Repair           |                    |  |                               |    |
| Charges  |                  |                    |  |                               |    |
| Comment  | Stickers on wall |                    |  |                               |    |



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

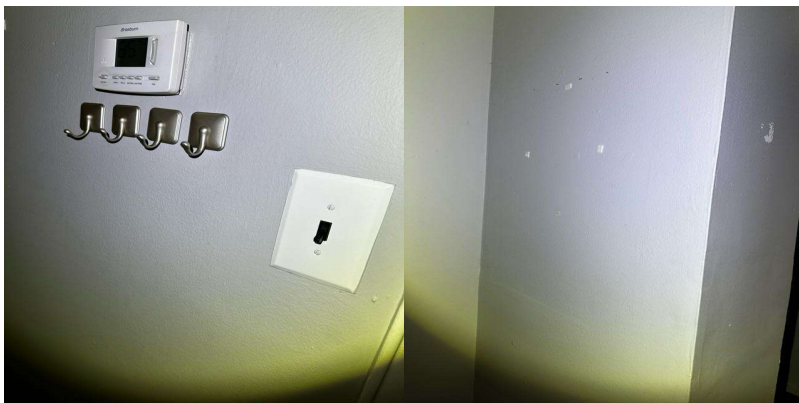
| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| 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): | Not Ok                            |
| Charges Type                | Repair                            |
| Charges                     |                                   |
| Comment                     | Lots of holes and damage on walls |



|                               |               |
|-------------------------------|---------------|
| Over Dark Colors (Per Room):  | Ok            |
| Wallpaper Removal (Per Room): | Not Ok        |
| Charges Type                  | Replace       |
| Charges                       |               |
| Comment                       | Left stickers |



| <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:  | 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  |  |     |
| Was personal property left behind?:  | Yes |  |     |
| <table> <tr> <td>Estimated Value of Personal Property is.</td><td>\$0</td></tr> </table> |     | Estimated Value of Personal Property is. | \$0 |
| Estimated Value of Personal Property is.   | \$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  | not available    |
|  |                  |
| Lindy Community Representative Name   | Orlando Gonzalez |



Technician

Orlando Gonzalez

Resident not available for signature

YES