



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|----------------|-------|
| 02-08-2024 | Noel Nation | Gateway Towers | C018 |

| | |
|------------------------------|--|
| Approved By | Melissa Verdon |
| Resident Name | Cree Kurkdjian |
| Forwarding Mailing Address | 3900 Gateway Dr., Philadelphia Pa, 19145 |
| Date Resident Turned in Keys | 02-08-2024 |


| Damage Summary | | | | |
|---------------------------|---------------------------------|--------------|------------------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Refrigerator (Freezer) | Cleaning Refrigerator | Repair | | \$0.00 |
| KITCHEN | Microwave | Replace | replace | \$250.00 |
| BEDROOMS | Floors / Carpet | Replace | | \$0.00 |
| BEDROOMS | Window coverings | Replace | | \$20.00 |
| BATHROOM | Cleaning Bathroom | Repair | | \$0.00 |
| BATHROOM | Complete Toilet | Replace | | \$250.00 |
| BATHROOM | Remove Mildew on Tiles | Repair | | \$0.00 |
| BATHROOM | Sink | Replace | | \$75.00 |
| KEYS | Failure To Return Apartment Key | Replace | | \$50.00 |
| KEYS | Failure To Return Mailbox Key | Replace | | \$20.00 |
| MISCELLANEOUS | Removal Of Bulk Items | Repair | removal of trash | \$150.00 |
| MISCELLANEOUS | Remove Debris (Per Bag) | Repair | remove items | \$100.00 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$915.00 |

| 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: | |
| Cabinet Door: | Ok |
| Cabinets: | |
| Cabinet Handle: | Ok |
| Cabinets: | |
| Cabinet Shelf: | Ok |
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Ok |
| Counter Top: | Ok |
| Dishwasher: | |
| Dishwasher Knob: | N/A |
| Dishwasher: | |
| Dishwasher Rack: | N/A |

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| Dishwasher: | |
| Dishwasher Silverware Holder: | N/A |
| Drip Pan: | Ok |
| Electric Meter: | Ok |
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Formica/Tiles: | Ok |
| Garbage Disposal: | Ok |
| Kitchen Sink: | Ok |
| Microwave: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Missing plate and plate roller |



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

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

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

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|----------------------|----|
| Oven / Range: | |
| Oven knobs: | Ok |


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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 |
| Range Top: | | Ok |

| | | |
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| Refrigerator (Freezer): | | |
| Cleaning Refrigerator: | | Not Ok |
| Charges Type | | Repair |
| Charges | | |
| Comment | | Dirty |



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|--------------------------------|--|----|
| Refrigerator (Freezer): | | |
| Refrigerator (Drawers): | | Ok |

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|--------------------------------|--|----|
| Refrigerator (Freezer): | | |
| Refrigerator (Shelf and Bars): | | Ok |

| | | |
|-------------------------------------|--|----|
| Refrigerator (Freezer): | | |
| Refrigerator Crisper Glass/Plastic: | | Ok |

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| Rubber Stopper: | | Ok |
| Stove Knob: | | Ok |

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| 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 |

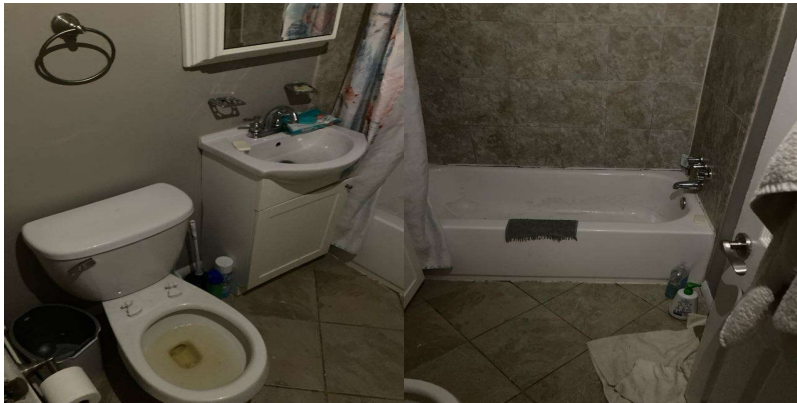
| BEDROOMS: | |
|--------------------|-------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Dirty and stained |



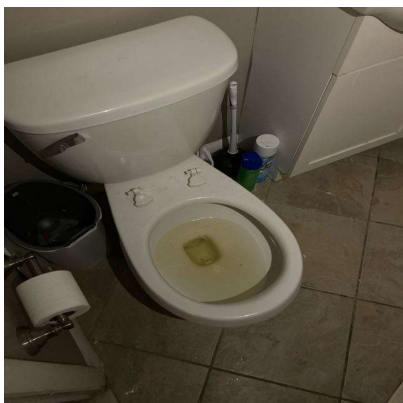
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|-------------------|--------------------|
| Other: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Blondes are broken |



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|--------------------|--------|
| BATHROOM: | |
| Cabinets / Mirror: | Ok |
| Ceiling Lights: | Ok |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Dirty |



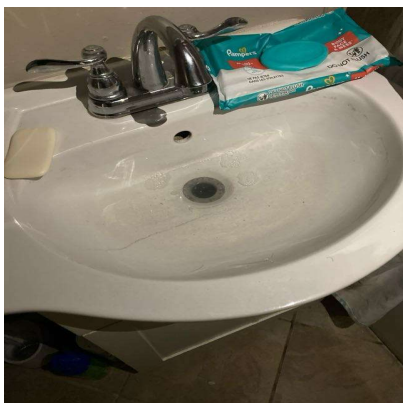
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|------------------|---------------------|
| Complete Toilet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Toilet seat missing |



| | |
|--|--------|
| 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: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Dirty |



| | |
|---------------------|----------------------|
| Shower Curtain Bar: | Ok |
| Shower Head: | Ok |
| Sink: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Sink stopper missing |



| | |
|-------------------|----|
| 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Lockout |
| Failure To Return Mailbox Key: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Lockout |

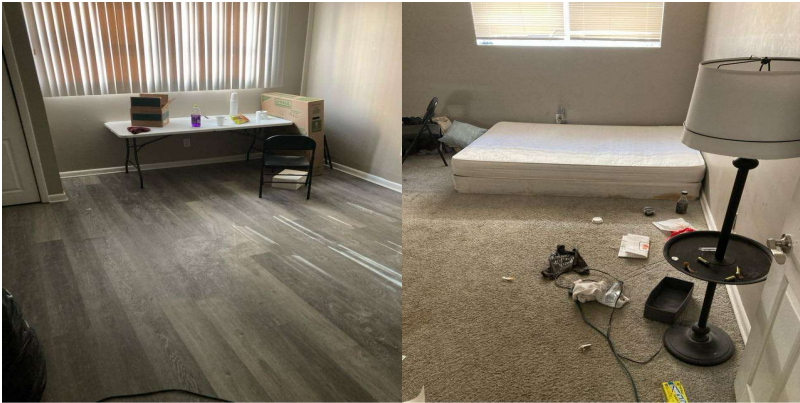
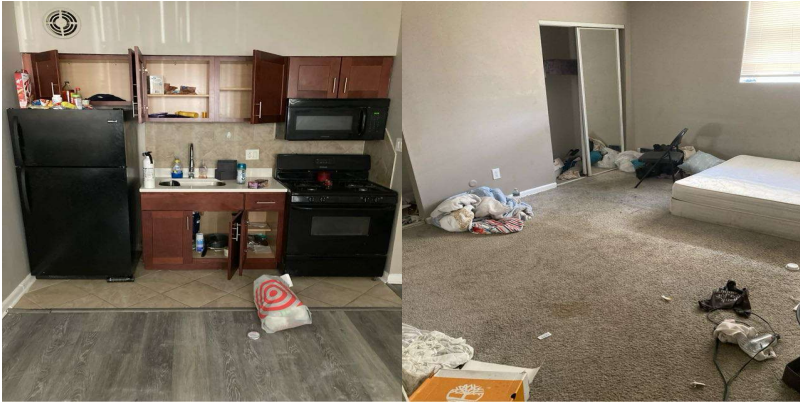
| | |
|--------------------------------------|----|
| DOORS: | |
| Apartment Door: | Ok |
| Apartment Door closes automatically: | Ok |
| Frame: | Ok |
| Hollow: | Ok |
| Solid Core & Steel: | Ok |

| | |
|----------------------------|----|
| 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 1 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 |
| Date of Installation | 2024-02-08 |
| Light Globes: | Ok |
| Mini Blind(s) each: | Ok |
| Outside Lights: | Ok |
| Phone Jack: | Ok |
| Rallings: | Ok |
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Repair |

| | | |
|--|--|----------------------|
| Charges | | |
| Comment | | Mattress, table lamp |
|  | | |
| Remove Debris (Per Bag): | | Not Ok |
| Charges Type | | Repair |
| Charges | | |
| Comment | | 15 bags of trash |
|  | | |
| 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 |
| <div> <div>Estimated Value of Personal Property is.</div> <div>\$0</div> </div> | | |
| 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 | Noel Nation |
|-------------------------------------|-------------|



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|--------------------------------------|-------------|
| Technician | Noel Nation |
| Resident not available for signature | YES |