

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

| <b>Inspection Date</b> | Technician   | Property         | Units |
|------------------------|--------------|------------------|-------|
| 02-09-2021             | Dudlow Blake | Fountain Gardens | A319  |

| Resident Name                | Chandrea Pigatt                        |
|------------------------------|--|
| Forwarding Mailing Address   | 265 Fox Farm Road Clifton Twp Pa 18424 |
| Date Resident Turned in Keys | 01-31-2021                             |

| Damage Summary            |                             |              |  |          |
|---------------------------|-----------------------------|--------------|--|----------|
| Main Category             | Sub Category                | Charges Type | Note   | Charges  |
| CARPET                    | Pet Treatment (Odor)        | Replace      |  | \$0.00   |
| CARPET                    | Replace Carpet 1<br>Bedroom | Replace      | Carpet stained with<br>urine and needs to be<br>replaced Pro-rated | \$573.71 |
| Additional Damage Charges |                             |              |  |          |
|                           |                             |              | Total Charges  | \$573.71 |

| Amenities to be added to this Unit |
|------------------------------------|
| PLANK FLOORS                       |
| Granite Countertop                 |

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

| Ceilings / Lights:                  | Ok |
|-------------------------------------|----|
| Window:                             | Ok |
| Window coverings:                   | Ok |
| KITCHEN:                            |    |
| Electric Meter:                     | Ok |
| Cabinets:                           | Ok |
| Cabinet Door:                       | Ok |
| Cabinet Shelf:                      | Ok |
| Cabinet Handle:                     | Ok |
| Counter Top:                        | Ok |
| Refrigerator (Freezer):             | Ok |
| Refrigerator (Shelf and Bars):      | Ok |
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator:              | Ok |
| Dishwasher Rack:                    | Ok |
| Dishwasher Silverware Holder:       | Ok |
| Dishwasher Knob:                    | Ok |
| Fire Stops:                         | Ok |
| Formica/Tiles:                      | Ok |
| Stove Knob:                         | Ok |
| Microwave:                          | Ok |
| Cleaning of Stove:                  | Ok |
| Ceiling Lights:                     | Ok |
| Garbage Disposal:                   | Ok |
| Rubber Stopper:                     | Ok |
| Oven Door Handle:                   | Ok |
| Oven Racks:                         | Ok |
| Kitchen Sink:                       | Ok |
| Faucet Knobs:                       | Ok |
| Floors:                             | Ok |
| Faucet:                             | Ok |
| Drip Pan:                           | Ok |
| Range Hood:                         | Ok |

| Range Top:             | Ok |
|------------------------|----|
| Ceiling Light Fixture: | Ok |
| Backsplash:            | Ok |
| Ceiling Fan:           | Ok |
| Washer/Dryer:          | Ok |
| Wall Outlets:          | Ok |
| Window Coverings:      | Ok |
| Other:                 | Ok |
| BEDROOMS:              |    |
| Walls / Outlets:       | Ok |
| Ceilings / Lights:     | Ok |
| Floors / Carpet:       | Ok |
| Window:                | Ok |
| Window coverings:      | Ok |
| Door / Closet:         | Ok |
| Other:                 | Ok |
| BATHROOM:              |    |
| Medicine Cabinet:      | Ok |
| Mirror Cabinet:        | Ok |
| Vanity Cabinet:        | Ok |
| Sink:                  | Ok |
| Toilet Tank Cover:     | Ok |
| Toilet Tank:           | Ok |
| Toilet Bowl:           | Ok |
| Complete Toilet:       | Ok |
| Toilet Paper Holder:   | Ok |
| Shower Head:           | Ok |
| Tub Knob(s):           | Ok |
| Shower Curtain Bar:    | Ok |
| Towel Bar:             | Ok |
| Tub Reglazing:         | Ok |
| Counter Top:           | Ok |
| Soap Dish (Sink):      | Ok |
| Soad Dish (Tub):       | Ok |

| Remove Mildew on Tiles:   | Ok        |
|---|-----------|
| Cleaning Bathroom:  | Ok        |
| Wall Outlets:   | Ok        |
| Ceiling Lights:   | Ok        |
| Floors:   | Ok        |
| Formica /Tile:  | Ok        |
| Cabinets / Mirror:  | Ok        |
| Window:   | Ok        |
| Other:  | Ok        |
| Is there signs of moisture from outside in the apartment?:                | Ok        |
| LOCKS:  |           |
| Door Lock:  | Ok        |
| Door Knob:  | Ok        |
| Fix Door when extra lock is removed:                                      | Ok        |
| Mail-Box Lock:  | Ok        |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok        |
| KEYS:   |           |
| Failure To Return Apartment Key:  | Ok        |
| Failure To Return Mailbox Key:  | Ok        |
| DOORS:  |           |
| Apartment Door:   | Ok        |
| Solid Core & Steel:   | Ok        |
| Frame:  | Ok        |
| Hollow:   | Ok        |
| PAINTING:   |           |
| Over Dark Colors (Per Room):  | Ok        |
| Holes in Walls (Each Hole):   | Ok        |
| Wallpaper Removal (Per Room):   | Ok        |
| Border Removal (Per Room):  | Ok        |
| CARPET:   |           |
| Pet Treatment (Odor):   | Not Ok    |
| Charges Type  | Replace   |
| Charges   |           |
| Comment   | Replacing |



| Replace Carpet 1 Bedroom: | Not Ok    |
|---------------------------|-----------|
| Charges Type              | Replace   |
| Charges                   |           |
| Comment                   | Replacing |



| MISCELLANEOUS:                  |    |
|---------------------------------|----|
| Remove Debris (Per Bag):        | Ok |
| Removal Of Bulk Items:          | Ok |
| Clear Storage Locker:           | Ok |
| Closet Shelves:                 | Ok |
| Window Sills:                   | Ok |
| Window Screen(s) each:          | Ok |
| Broken Window Glass (Per Pane): | Ok |
| Mini Blind(s) each:             | Ok |
| Vertical Blinds:                | Ok |
| Sliding Mirror/Glass Door (2):  | Ok |
| Carbon Monoxide Detector:       | Ok |
| Smoke Detector Alarm:           | Ok |
| Fire extinguisher:              | Ok |
| Cabinet Equipment:              | Ok |

| Vinly Tile Kitchen:  | Ok |
|--|----|
| Vinly Tile Bathroom:   | Ok |
| Exhaust Fan:   | Ok |
| Phone Jack:  | Ok |
| Fan Blades:  | Ok |
| Light Globes:  | Ok |
| Door Intercom System:  | Ok |
| Switch Plate Covers:   | Ok |
| Rallings:  | Ok |
| Outside Lights:  | Ok |
| Stoppage by foreign object in any drain:   | Ok |
| Thermostat Cover:  | Ok |
| Cleaning of Apartment:   | Ok |
| Common Area damaged during moveout:  | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| OVERALL:   |    |
| Signs of Moisture outside the apartment:   | Ok |
| Signs of Moisture inside the apartment:  | Ok |
| Resident   |    |

| Lindy Communit | y Representative | Name |
|----------------|------------------|------|
|----------------|------------------|------|



| Technician                           | Dudlow Blake |
|--------------------------------------|--------------|
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |