



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property | Units  |
|-----------------|-------------|----------|--------|
| 02-20-2024      | Noel Nation | Enclaves | 3962B4 |

|                              |                                             |
|------------------------------|---------------------------------------------|
| Approved By                  | Melissa Verdon                              |
| Resident Name                | Marc Nelson                                 |
| Forwarding Mailing Address   | 6331 N. 13th Street, Philadelphia Pa, 19141 |
| Date Resident Turned in Keys | 02-16-2024                                  |

| Damage Summary            |                       |              |      |         |
|---------------------------|-----------------------|--------------|------|---------|
| Main Category             | Sub Category          | Charges Type | Note | Charges |
| Oven / Range              | Oven Cleaning         | Repair       |      | \$0.00  |
| Refrigerator (Freezer)    | Cleaning Refrigerator | Repair       |      | \$0.00  |
| Additional Damage Charges |                       |              |      |         |
| Total Charges             |                       |              |      | \$0.00  |

| 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 |

|                               |  |    |
|-------------------------------|--|----|
| <b>KITCHEN:</b>               |  |    |
| Backsplash:                   |  | Ok |
| <b>Cabinets:</b>              |  |    |
| Cabinet Door:                 |  | Ok |
| <b>Cabinets:</b>              |  |    |
| Cabinet Handle:               |  | Ok |
| <b>Cabinets:</b>              |  |    |
| Cabinet Shelf:                |  | Ok |
| Ceiling Fan:                  |  | Ok |
| Ceiling Light Fixture:        |  | Ok |
| Ceiling Lights:               |  | Ok |
| Cleaning of Stove:            |  | Ok |
| Counter Top:                  |  | Ok |
| <b>Dishwasher:</b>            |  |    |
| Dishwasher Knob:              |  | Ok |
| <b>Dishwasher:</b>            |  |    |
| Dishwasher Rack:              |  | 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:                        |  | Ok |

| Oven / Range:  |        |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type   | Repair |
| Charges        |        |
| Comment        | Dirty  |



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

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

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

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

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

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

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

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



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

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

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

| <b>BATHROOM:</b>                                           |    |
|------------------------------------------------------------|----|
| 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 |

| <b>LOCKS:</b>                                                             |    |
|---------------------------------------------------------------------------|----|
| 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 |
|----------------|----|

|                                  |    |
|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

|                                      |    |
|--------------------------------------|----|
| <b>DOORS:</b>                        |    |
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

|                               |    |
|-------------------------------|----|
| <b>PAINTING:</b>              |    |
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

|                           |     |
|---------------------------|-----|
| <b>CARPET:</b>            |     |
| 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 |

|                                 |    |
|---------------------------------|----|
| <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         |
| Date of Installation                                                                         | 2024-02-20 |
| 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        |
| <div> <div>Estimated Value of Personal Property is.</div> <div>\$0</div> </div>              |            |
| Window Screen(s) each:                                                                       | Ok         |
| Window Sills:                                                                                | Ok         |
| Resident                                                                                     |            |

|                                                                                   |             |
|-----------------------------------------------------------------------------------|-------------|
| Lindy Community Representative Name                                               | Noel Nation |
|  |             |
| Technician                                                                        | Noel Nation |
| Resident not available for signature                                              | YES         |