



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property       | Units |
|-----------------|-------------|----------------|-------|
| 02-20-2024      | Noel Nation | Gateway Towers | C314  |

|                              |                                                 |
|------------------------------|-------------------------------------------------|
| Approved By                  | Melissa Verdon                                  |
| Resident Name                | Andrea Leach                                    |
| Forwarding Mailing Address   | 3922 Gateway Dr. Apt. B4, Philadelphia Pa 19145 |
| Date Resident Turned in Keys | 02-18-2024                                      |

| Damage Summary            |                 |              |      |         |
|---------------------------|-----------------|--------------|------|---------|
| Main Category             | Sub Category    | Charges Type | Note | Charges |
| BEDROOMS                  | Floors / Carpet | Replace      |      | \$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 |

| KITCHEN: |  |
|----------|--|
|----------|--|

|                               |     |
|-------------------------------|-----|
| 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:              | N/A |
| <b>Dishwasher:</b>            |     |
| Dishwasher Rack:              | N/A |
| <b>Dishwasher:</b>            |     |
| 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:                    | Ok  |
| Other:                        | Ok  |
| <b>Oven / Range:</b>          |     |
| Oven Cleaning:                | Ok  |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven door handle:    |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven drip pan:       |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven knobs:          |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven Racks:          |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Range burners:       |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Range Hood:          |  | Ok |

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

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Cleaning Refrigerator:         |  | Ok |

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Drawers):        |  | Ok |

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Shelf and Bars): |  | Ok |

|                                     |  |    |
|-------------------------------------|--|----|
| <b>Refrigerator (Freezer):</b>      |  |    |
| 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 |
|-------------------|----|

| <b>BEDROOMS:</b>   |                       |
|--------------------|-----------------------|
| Ceilings / Lights: | Ok                    |
| Door / Closet:     | Ok                    |
| Floors / Carpet:   | Not Ok                |
| Charges Type       | Replace               |
| Charges            |                       |
| Comment            | All dirty and stained |



|                   |    |
|-------------------|----|
| 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 |
| Estimated Value of Personal Property is. | \$0 |
| Window Screen(s) each:                   | Ok  |
| Window Sills:                            | Ok  |

|          |  |
|----------|--|
| Resident |  |
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|                                     |             |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Noel Nation |
|-------------------------------------|-------------|



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