



## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property      | Units |
|-----------------|----------------|---------------|-------|
| 02-21-2022      | Felicia Howell | Regency House | 307   |

|                              |                                    |
|------------------------------|------------------------------------|
| Approved By                  | Felicia Howell                     |
| Resident Name                | Shaquil Roberts                    |
| Forwarding Mailing Address   | 4951 Chestnut St. Phila. Pa. 19139 |
| Date Resident Turned in Keys | 02-18-2022                         |

| Damage Summary            |                       |              |                    |          |
|---------------------------|-----------------------|--------------|--------------------|----------|
| Main Category             | Sub Category          | Charges Type | Note               | Charges  |
| Refrigerator (Freezer)    | Cleaning Refrigerator | Clean        |                    | \$60.00  |
| BATHROOM                  | Cleaning Bathroom     | Clean        |                    | \$75.00  |
| MISCELLANEOUS             | Removal Of Bulk Items | Clean        | Remove kitchen set | \$100.00 |
| Additional Damage Charges |                       |              |                    |          |
| Total Charges             |                       |              |                    | \$235.00 |

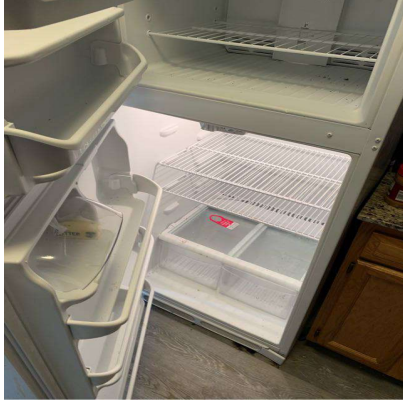
| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |

|                   |    |
|-------------------|----|
| Window coverings: | Ok |
|-------------------|----|

| <b>KITCHEN:</b>        |    |
|------------------------|----|
| Backsplash:            | Ok |
| Cabinets:              | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| Counter Top:           | Ok |
| Dishwasher:            | Ok |
| Drip Pan:              | Ok |
| Electric Meter:        | Ok |
| Faucet:                | Ok |
| Faucet Knobs:          | Ok |
| Fire Stops:            | Ok |
| Floors:                | Ok |
| Formica/Tiles:         | Ok |
| Garbage Disposal:      | Ok |
| Kitchen Sink:          | Ok |
| Microwave:             | Ok |
| Other:                 | Ok |
| Oven / Range:          | Ok |
| Oven Door Handle:      | Ok |
| Oven Racks:            | Ok |
| Range Top:             | Ok |

| Refrigerator (Freezer): |           |
|-------------------------|-----------|
| Cleaning Refrigerator:  | Not Ok    |
| Charges Type            | Clean     |
| Charges                 |           |
| Comment                 | Uncleaned |



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

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

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

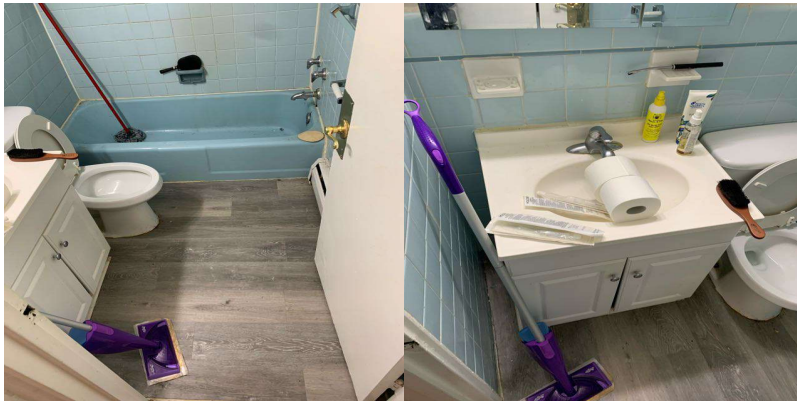
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|-------------------|----|
| Rubber Stopper:   | Ok |
| Stove Knob:       | Ok |
| Wall Outlets:     | Ok |
| Washer/Dryer:     | Ok |
| Window Coverings: | Ok |

| BEDROOMS:          |           |
|--------------------|-----------|
| Ceilings / Lights: | Ok        |
| Door / Closet:     | Ok        |
| Floors / Carpet:   | Ok        |
| Comment            | Uncleaned |



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

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



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

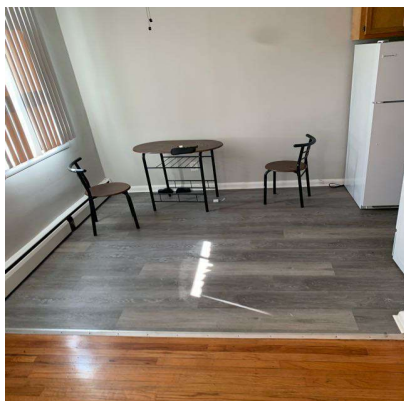
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|------------------|--|
| <b>PAINTING:</b> |  |
|------------------|--|

|                               |    |
|-------------------------------|----|
| 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:                    | 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     |
| Fire extinguisher:                                                                           | 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:                                                                       | Not Ok |

|              |                |
|--------------|----------------|
| Charges Type | Clean          |
| Charges      |                |
| Comment      | Remove kit set |



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

|                                                                                   |                |
|-----------------------------------------------------------------------------------|----------------|
| Lindy Community Representative Name                                               | Felicia Howell |
|  |                |
| Technician                                                                        | Felicia Howell |
| Resident not available for signature                                              | YES            |
| Resident refused Signature                                                        | NO             |