



## Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 02-24-2021      | Dudlow Blake | Joshua House | L1010 |

|                              |   |
|------------------------------|---|
| Resident Name                | Tyree Stone-Davis                                     |
| Forwarding Mailing Address   | 2259 Strahle Street Apartment#1 Philadelphia PA 19152 |
| Date Resident Turned in Keys | 02-20-2021  |

| Damage Summary            |                          |              |                                   |          |
|---------------------------|--------------------------|--------------|-----------------------------------|----------|
| Main Category             | Sub Category             | Charges Type | Note                              | Charges  |
| KITCHEN                   | Microwave                | Clean        | Microwave left dirty              | \$20.00  |
| KITCHEN                   | Cleaning of Stove        | Clean        |                                   | \$60.00  |
| BATHROOM                  | Cleaning Bathroom        | Clean        |                                   | \$75.00  |
| CARPET                    | Replace Carpet 2 Bedroom | Replace      | Carpet must be replaced Pro Rated | \$808.93 |
| Additional Damage Charges |                          |              |                                   |          |
| Total Charges             |                          |              |                                   | \$963.93 |

| Amenities to be added to this Unit |
|------------------------------------|
| Plank Flooring                     |

| 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              |
| <b>KITCHEN:</b>    |                 |
| Microwave:         | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Cleaning needed |



|                    |                 |
|--------------------|-----------------|
| Cleaning of Stove: | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Cleaning needed |



|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| Walls / Outlets:   | Ok |
| Ceilings / Lights: | Ok |
| Floors / Carpet:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |
| Door / Closet:     | Ok |

|                         |                 |
|-------------------------|-----------------|
| Other:                  | Ok              |
| <b>BATHROOM:</b>        |                 |
| 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:      | Not Ok          |
| Charges Type            | Clean           |
| Charges                 |                 |
| Comment                 | Cleaning needed |



|                 |    |
|-----------------|----|
| 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        |
| <b>LOCKS:</b>   |           |
| 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        |
| <b>KEYS:</b>  |           |
| Failure To Return Apartment Key:  | Ok        |
| Failure To Return Mailbox Key:  | Ok        |
| <b>DOORS:</b>   |           |
| Apartment Door:   | Ok        |
| Solid Core & Steel:   | Ok        |
| Frame:  | Ok        |
| Hollow:   | Ok        |
| <b>PAINTING:</b>  |           |
| Over Dark Colors (Per Room):  | Ok        |
| Holes in Walls (Each Hole):   | Ok        |
| Wallpaper Removal (Per Room):   | Ok        |
| Border Removal (Per Room):  | Ok        |
| <b>CARPET:</b>  |           |
| Replace Carpet 2 Bedroom:   | Not Ok    |
| Charges Type  | Replace   |
| Charges   |           |
| Comment   | Replacing |



| <b>MISCELLANEOUS:</b>           |    |
|---------------------------------|----|
| 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 |
| <b>OVERALL:</b>  |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment:   | Ok |
| Resident   |    |

|   |              |
|---|--------------|
| Lindy Community Representative Name   | Dudlow Blake |
|   |              |
| Technician  | Dudlow Blake |
| Resident not available for signature  | YES          |

Resident refused Signature

NO