



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
02-27-2025	Nilsa Reyes	Joshua House	L0203

Approved By	Nilsa Reyes
Resident Name	Xavier Johnson
Forwarding Mailing Address	none provided
Date Resident Turned in Keys (For evictions - date all belongings were removed)	02-19-2025

Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
MISCELLANEOUS	Was personal property left behind?			\$0
MISCELLANEOUS	Was the resident locked out?			\$0
Additional Damage Charges				
1 bag of trash				\$50
Total Charges				\$50.00

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
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KITCHEN:	
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
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:	Ok
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

BATHROOM:	
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

LOCKS:	
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

KEYS:	
Failure To Return Apartment Key:	Ok
Failure To Return Mailbox Key:	Ok

DOORS:	
Apartment Door:	Ok
Apartment Door closes automatically:	Ok
Frame:	Ok
Hollow:	Ok
Solid Core & Steel:	Ok

PAINTING:	
Border Removal (Per Room):	Ok
Holes in Walls (Each Hole):	Ok
Over Dark Colors (Per Room):	Ok
Wallpaper Removal (Per Room):	Ok

CARPET:	
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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

MISCELLANEOUS:	
Remove Debris (Per Bag):	Ok
Was personal property left behind?:	No
Charges Type	
Charges	0
Was the resident locked out?:	Not Ok
Charges Type	
Charges	0

OVERALL:	
Signs of Moisture inside the apartment:	Ok
Signs of Moisture outside the apartment:	Ok

Resident	
<div> <div>Lindy Community Representative Name</div> <div>Nilsa Reyes</div> </div>	

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, likely representing the initials 'NR'.

Technician

Nilsa Reyes

Resident not available for signature

YES