




## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property       | Units |
|-----------------|----------------|----------------|-------|
| 03-03-2025      | Melissa Verdon | Gateway Towers | C314  |

|                                                                                 |                                                   |
|---------------------------------------------------------------------------------|---------------------------------------------------|
| Approved By                                                                     | Melissa Verdon                                    |
| Resident Name                                                                   | Jeong Shin                                        |
| Forwarding Mailing Address                                                      | 3800 Gateway Dr., apt. 314, Philadelphia Pa 19145 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 02-28-2025                                        |

| Damage Summary            |                                    |              |                                 |          |
|---------------------------|------------------------------------|--------------|---------------------------------|----------|
| Main Category             | Sub Category                       | Charges Type | Note                            | Charges  |
| Refrigerator (Freezer)    | Cleaning Refrigerator              | Clean        |                                 | \$60     |
| LIVING ROOM               | Other                              | Clean        | trash left behind               | \$60     |
| KITCHEN                   | Oven Racks                         | Clean        | trash left behind               | \$100    |
| BEDROOMS                  | Floors / Carpet                    | Replace      | Replace carpet; 48 months lost. | \$308    |
| BEDROOMS                  | Other                              | Clean        | trash left behind               | \$45     |
| MISCELLANEOUS             | Was personal property left behind? |              |                                 | \$0      |
| Additional Damage Charges |                                    |              |                                 |          |
| Total Charges             |                                    |              |                                 | \$573.00 |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Ceilings / Lights:  | Ok     |
| Door / Closet:      | Ok     |
| Other:              | Not Ok |
| Charges Type        | Clean  |
| Charges             |        |

| Comment                                                                           | Trash left behind |
|-----------------------------------------------------------------------------------|-------------------|
|  |                   |
| Walls / Outlets:                                                                  | Ok                |
| Window:                                                                           | Ok                |
| Window coverings:                                                                 | Ok                |

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

| KITCHEN:                                                                                                                                                |    |           |  |                 |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|--|-----------------|----|
| Backsplash:                                                                                                                                             | Ok |           |  |                 |    |
| <table border="1"> <thead> <tr> <th colspan="2">Cabinets:</th> </tr> </thead> <tbody> <tr> <td>Cabinet Door:</td> <td>Ok</td> </tr> </tbody> </table>   |    | Cabinets: |  | Cabinet Door:   | Ok |
| Cabinets:                                                                                                                                               |    |           |  |                 |    |
| Cabinet Door:                                                                                                                                           | Ok |           |  |                 |    |
| <table border="1"> <thead> <tr> <th colspan="2">Cabinets:</th> </tr> </thead> <tbody> <tr> <td>Cabinet Handle:</td> <td>Ok</td> </tr> </tbody> </table> |    | Cabinets: |  | Cabinet Handle: | Ok |
| Cabinets:                                                                                                                                               |    |           |  |                 |    |
| Cabinet Handle:                                                                                                                                         | Ok |           |  |                 |    |
| <table border="1"> <thead> <tr> <th colspan="2">Cabinets:</th> </tr> </thead> <tbody> <tr> <td>Cabinet Shelf:</td> <td>Ok</td> </tr> </tbody> </table>  |    | Cabinets: |  | Cabinet Shelf:  | Ok |
| Cabinets:                                                                                                                                               |    |           |  |                 |    |
| 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 |

|                      |  |    |
|----------------------|--|----|
| <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:          | Not Ok |
| Charges Type         | Clean  |
| Charges              |        |
| Comment              | Clean  |



|            |    |
|------------|----|
| Range Top: | Ok |
|------------|----|

|                                |        |
|--------------------------------|--------|
| <b>Refrigerator (Freezer):</b> |        |
| Cleaning Refrigerator:         | Not Ok |
| Charges Type                   | Clean  |
| Charges                        |        |
| Comment                        | Clean  |



|                                |    |
|--------------------------------|----|
| <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            | Replace carpet |



|              |                   |
|--------------|-------------------|
| Other:       | Not Ok            |
| Charges Type | Clean             |
| Charges      |                   |
| Comment      | Trash left behind |



|                   |    |
|-------------------|----|
| 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:                    | 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 |
| 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:                                                                       | 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?:                                                          | No |
| Charges Type                                                                                 |    |
| Charges                                                                                      | 0  |
| 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 | Melissa Verdon |
|-------------------------------------|----------------|



|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Melissa Verdon |
| Resident not available for signature | YES            |