

## **Move Out Inventory & Condition Form**

| <b>Inspection Date</b> | Technician     | Property   | Units |
|------------------------|----------------|------------|-------|
| 03-13-2025             | Kenneth Poteat | 251 Dekalb | W0219 |

| Approved By   | Stephen Cicala                 |
|---|--------------------------------|
| Resident Name   | Kirti Sawant                   |
| Forwarding Mailing Address  | 16 Cabin Trail, Oley, PA 19547 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 03-12-2025                     |

| Damage Summary            |                                    |              |                        |         |
|---------------------------|------------------------------------|--------------|------------------------|---------|
| Main Category             | Sub Category                       | Charges Type | Note                   | Charges |
| Cabinets                  | Cabinet Door                       | Replace      | No charge to resident. | \$0     |
| LIVING ROOM               | Ceilings / Lights                  | Repair       |                        | \$0     |
| KITCHEN                   | Cleaning of Stove                  | Clean        | Oven cleaning needed.  | \$76.32 |
| BATHROOM                  | Counter Top                        | Replace      | No charge to resident. | \$0     |
| BATHROOM                  | Tub Reglazing                      | Replace      | No charge to resident. | \$0     |
| MISCELLANEOUS             | Was personal property left behind? |              |                        | \$0     |
| Additional Damage Charges |                                    |              |                        |         |
|                           |                                    |              | Total Charges          | \$76.32 |

| LIVING ROOM:       |                                       |
|--------------------|---------------------------------------|
| Ceilings / Lights: | Not Ok                                |
| Charges Type       | Repair                                |
| Charges            |                                       |
| Comment            | Cracking ceiling and foundation shift |



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

## KITCHEN:

| Cabinets:     |  |
|---------------|--|
| Cabinet Door: | Not Ok   |
| Charges Type  | Replace  |
| Charges       |  |
| Comment       | Door needs to be replaced due to possible water damage |



| Cleaning of Stove: | Not Ok             |
|--------------------|--------------------|
| Charges Type       | Clean              |
| Charges            |                    |
| Comment            | Cooktop left dirty |



Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.:

Ok

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

| BATHROOM:    |   |
|--------------|---|
| Counter Top: | Not Ok  |
| Charges Type | Replace   |
| Charges      |   |
| Comment      | Bathroom countertop will need to be replaced due to some type of burn maybe |



| Tub Reglazing: | Not Ok                         |
|----------------|--------------------------------|
| Charges Type   | Replace                        |
| Charges        |                                |
| Comment        | Bathtub will need to be glazed |



| LOCKS:  |    |
|---|----|
| Door Knob:  | Ok |
| Door Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : |    |
| Fix Door when extra lock is removed:                                      |    |
| 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:               |    |
|-----------------------|----|
| 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 |

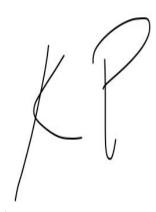
| MISCELLANEOUS:   |    |
|--|----|
| Broken Window Glass (Per Pane):  | Ok |
| Cabinet Equipment:   | Ok |
| Carbon Monoxide Detector:  | Ok |
| Cleaning of Apartment:   | Ok |
| Clear Storage Locker:  | Ok |
| Closet Shelves:  | Ok |
| Common Area damaged during moveout:  | Ok |
| Door Intercom System:  | 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 |

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

|--|

| Lindy Community Representative Name | Kenneth Poteat |
|-------------------------------------|----------------|
|-------------------------------------|----------------|



| Technician                           | Kenneth Poteat |
|--------------------------------------|----------------|
| Resident not available for signature | YES            |