



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property       | Units |
|-----------------|----------------|----------------|-------|
| 03-16-2026      | Andrea Reusser | Rosedale Court | D06   |

|   |                |
|---|----------------|
| Approved By   | Andrea Reusser |
| Resident Name   | Fior Veras     |
| Forwarding Mailing Address  | In Yardi       |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 02-13-2026     |

| Damage Summary                   |                                    |              |  |         |
|----------------------------------|------------------------------------|--------------|--|---------|
| Main Category                    | Sub Category                       | Charges Type | Note                                     | Charges |
| LIVING ROOM                      | Walls / Outlets                    | Repair       | remove screws and patch wall             | \$25    |
| BATHROOM                         | Shower Head                        | Repair       | replace shower head                      | \$15    |
| BATHROOM                         | Tub Reglazing                      | Repair       |  | \$0     |
| MISCELLANEOUS                    | Was personal property left behind? |              | remove miscellaneous items from bathroom | \$25    |
| <b>Additional Damage Charges</b> |                                    |              |  |         |
| Total Charges                    |                                    |              |  | \$65.00 |

|                     |                                |
|---------------------|--------------------------------|
| <b>LIVING ROOM:</b> |                                |
| Ceilings / Lights:  | Ok                             |
| Door / Closet:      | Ok                             |
| Other:              | Ok                             |
| Walls / Outlets:    | Not Ok                         |
| Charges Type        | Repair                         |
| Charges             |                                |
| Comment             | Remove screws and repair holes |



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

| <b>DINING ROOM:</b> |    |
|---------------------|----|
| 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 |
| Floors:  | Ok |
| Formica/Tiles:                                     | Ok |
| Garbage Disposal:                                  | Ok |
| Is there a FireAvert red box, plug, and solenoid?: | Ok |
| Kitchen Sink:                                      | Ok |

|                         |    |
|-------------------------|----|
| Microwave:              | Ok |
| Other:                  | Ok |
| Oven / Range:           | Ok |
| Oven Door Handle:       | Ok |
| Oven Racks:             | Ok |
| Range Top:              | Ok |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper:         | Ok |
| Stove Knob:             | Ok |
| Wall Outlets:           | Ok |
| Washer/Dryer:           | Ok |
| Window Coverings:       | Ok |

| <b>BEDROOMS:</b>   |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| 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:            | Not Ok                        |
| Charges Type            | Repair                        |
| Charges                 |                               |
| Comment                 | Left old personal head behind |



|                      |                |
|----------------------|----------------|
| 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:       | Not Ok         |
| Charges Type         | Repair         |
| Charges              |                |
| Comment              | Needs reglazed |



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

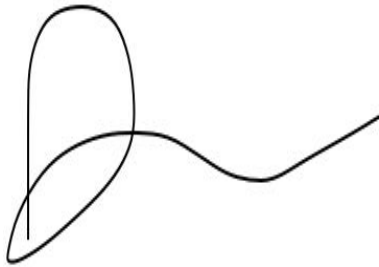
|  |    |
|--|----|
| <b>MISCELLANEOUS:</b>  |    |
| Broken Window Glass (Per Pane):  | Ok |
| Cabinet Equipment:   | Ok |
| Carbon Monoxide Detector:  | Ok |
| Cleaning of Apartment:   | Ok |
| Clear Storage Locker:  | Ok |
| Closet Shelves:  | Ok |
| Common Area damaged during moveout:  | Ok |
| Door 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 | Fior Veras |
|----------|------------|

|                                     |                |
|-------------------------------------|----------------|
| Lindy Community Representative Name | Andrea Reusser |
|-------------------------------------|----------------|

A handwritten signature in black ink, consisting of a large, stylized loop on the left and a wavy line extending to the right.

|            |                |
|------------|----------------|
| Technician | Andrea Reusser |
|------------|----------------|

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|