



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property    | Units |
|-----------------|--------------|-------------|-------|
| 03-16-2026      | Daniel Ortiz | Meadowbrook | 175   |

|   |  |
|---|--|
| Approved By   | Lori Kolinchak                                   |
| Resident Name   | Judith Imperial                                  |
| Forwarding Mailing Address  | 1920 Veteran's Highway, G-2, Levittown, PA 19056 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 03-14-2026                                       |

| Damage Summary                   |              |              |      |         |
|----------------------------------|--------------|--------------|------|---------|
| Main Category                    | Sub Category | Charges Type | Note | Charges |
| <b>Additional Damage Charges</b> |              |              |      |         |
| Total Charges                    |              |              |      | \$0.00  |

| <b>LIVING ROOM:</b> |    |
|---------------------|----|
| Ceilings / Lights:  | Ok |
| Door / Closet:      | Ok |
| Other:              | Ok |
| Walls / Outlets:    | Ok |
| 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 |
| <b>Cabinets:</b>                                   |    |
| Cabinet Door:                                      | Ok |
| <b>Cabinets:</b>                                   |    |
| Cabinet Handle:                                    | Ok |
| <b>Cabinets:</b>                                   |    |
| 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 |
| Is there a FireAvert red box, plug, and solenoid?: | 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:                         | Ok |
| Range Top:                          | Ok |
| <b>Refrigerator (Freezer):</b>      |    |
| Cleaning Refrigerator:              | Ok |
| <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 |
| 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:   | 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 |

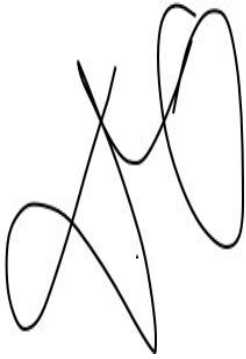
| <b>MISCELLANEOUS:</b>  |    |
|--|----|
| Broken Window Glass (Per Pane):  | Ok |
| Cabinet Equipment:   | Ok |
| Carbon Monoxide Detector:  | Ok |
| Cleaning of Apartment:   | Ok |
| Clear Storage Locker:  | Ok |
| Closet Shelves:  | Ok |
| Common Area damaged during moveout:  | Ok |
| Door Intercom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



|            |              |
|------------|--------------|
| Technician | Daniel Ortiz |
|------------|--------------|

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