



## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property       | Units |
|-----------------|----------------|----------------|-------|
| 03-27-2024      | Melissa Verdon | Gateway Towers | C003  |

|                              |                                                   |
|------------------------------|---------------------------------------------------|
| Approved By                  | Melissa Verdon                                    |
| Resident Name                | LPM or Brandon Fitzpatrick                        |
| Forwarding Mailing Address   | 3700 Gateway Dr., Apt. 619, Philadelphia Pa 19145 |
| Date Resident Turned in Keys | 03-22-2024                                        |

| Damage Summary            |                         |              |                                    |          |
|---------------------------|-------------------------|--------------|------------------------------------|----------|
| Main Category             | Sub Category            | Charges Type | Note                               | Charges  |
| MISCELLANEOUS             | Closet Shelves          | Clean        | 2 mirror doors broken @ \$110 each | \$220.00 |
| MISCELLANEOUS             | Removal Of Bulk Items   | Clean        |                                    | \$0.00   |
| MISCELLANEOUS             | Remove Debris (Per Bag) | Clean        | remove items                       | \$200.00 |
| Additional Damage Charges |                         |              |                                    |          |
| Total Charges             |                         |              |                                    | \$420.00 |

| 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 |

| <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 |
| 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 |
| 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:   | 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 |

| MISCELLANEOUS:                  |                  |
|---------------------------------|------------------|
| Broken Window Glass (Per Pane): | Ok               |
| Cabinet Equipment:              | Ok               |
| Carbon Monoxide Detector:       | Ok               |
| Cleaning of Apartment:          | Ok               |
| Clear Storage Locker:           | N/A              |
| Closet Shelves:                 | Not Ok           |
| Charges Type                    | Clean            |
| Charges                         |                  |
| Comment                         | Food left behind |



|                                                                                              |                        |
|----------------------------------------------------------------------------------------------|------------------------|
| 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.: | N/A                    |
| Light Globes:                                                                                | Ok                     |
| Mini Blind(s) each:                                                                          | Ok                     |
| Outside Lights:                                                                              | Ok                     |
| Phone Jack:                                                                                  | Ok                     |
| Rallings:                                                                                    | Ok                     |
| Removal Of Bulk Items:                                                                       | Not Ok                 |
| Charges Type                                                                                 | Clean                  |
| Charges                                                                                      |                        |
| Comment                                                                                      | Belongings left behind |



|                          |                        |
|--------------------------|------------------------|
| Remove Debris (Per Bag): | Not Ok                 |
| Charges Type             | Clean                  |
| Charges                  |                        |
| Comment                  | Belongings left behind |



|                                                                                                     |     |                                          |     |
|-----------------------------------------------------------------------------------------------------|-----|------------------------------------------|-----|
| 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?:                                                                 | Yes |                                          |     |
| <table border="1"> <tr> <td>Estimated Value of Personal Property is.</td><td>\$0</td></tr> </table> |     | Estimated Value of Personal Property is. | \$0 |
| Estimated Value of Personal Property is.                                                            | \$0 |                                          |     |
| Window Screen(s) each:                                                                              | Ok  |                                          |     |
| Window Sills:                                                                                       | Ok  |                                          |     |

|                 |  |
|-----------------|--|
| <b>OVERALL:</b> |  |
|-----------------|--|

|                                          |     |
|------------------------------------------|-----|
| Signs of Moisture inside the apartment:  | N/A |
| Signs of Moisture outside the apartment: | N/A |

|          |  |
|----------|--|
| Resident |  |
|----------|--|

|                                     |                |
|-------------------------------------|----------------|
| Lindy Community Representative Name | Melissa Verdon |
|-------------------------------------|----------------|



|            |                |
|------------|----------------|
| Technician | Melissa Verdon |
|------------|----------------|

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