

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|----------------|-------|
| 04-09-2024 | Noel Nation | Gateway Towers | B620 |

| Approved By | Melissa Verdon |
|------------------------------|--|
| Resident Name | Rakeyla Little |
| Forwarding Mailing Address | 6107 Spruce St., Apt. 2, Philadelphia Pa 19139 |
| Date Resident Turned in Keys | 04-08-2024 |

| Damage Summary | | | | |
|---------------------------|----------------------------|--------------|--------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Oven / Range | Oven Cleaning | Clean | | \$0.00 |
| Refrigerator (Freezer) | Cleaning Refrigerator | Clean | | \$60.00 |
| KITCHEN | Cleaning of Stove | Clean | | \$60.00 |
| KITCHEN | Microwave | Clean | | \$0.00 |
| BEDROOMS | Walls / Outlets | Repair | | \$0.00 |
| PAINTING | Holes in Walls (Each Hole) | Repair | | \$40.00 |
| MISCELLANEOUS | Remove Debris (Per Bag) | Repair | | \$0.00 |
| Additional Damage Charges | | | | |
| | | Total C | harges | \$160.00 |

| Amenit | es to be added to this Unit |
|----------------|-----------------------------|
| Plank Flooring | |

| 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 |

| KITCHEN: | |
|------------------------|--------|
| Backsplash: | Ok |
| Cabinets: | Ok |
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



Counter Top:

| Dishwasher: | |
|------------------|----|
| Dishwasher Knob: | Ok |

| Dishwasher: | |
|------------------|----|
| Dishwasher Rack: | Ok |

| Dishwasher: | |
|-------------------------------|----|
| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



Other: Ok

| Oven / Range: | |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Oven / Range: | |
|-------------------|----|
| Oven door handle: | Ok |
| | |

| Oven / Range: | |
|----------------|----|
| Oven drip pan: | Ok |

| Oven / Ran | ge: | |
|------------|-----|----|
| Oven knobs | | Ok |

| Oven / Range: | |
|---------------|----|
| Oven Racks: | Ok |

| Oven / Range: | |
|----------------|----|
| Range burners: | Ok |

| Oven / Range: | |
|---------------|----|
| Range Hood: | Ok |
| | |

| Oven Door Handle: | Ok |
|-------------------|----|
| Oven Racks: | Ok |
| Range Top: | Ok |

| Refrigerator (Freezer): | |
|-------------------------|--------|
| Cleaning Refrigerator: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Refrigerator (Freezer): | |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer): | |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer): | |
|---|----|
| 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 |

| BEDROOMS: | |
|--------------------|---------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Holes in wall |



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

| BATHROOM: | |
|--------------------|----|
| 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 |

| LOCKS: | |
|---|----|
| 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 |

| 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): | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | 15 holes in wall |



| Over Dark Colors (Per Room): | Ok |
|-------------------------------|----|
| Wallpaper Removal (Per Room): | Ok |

| CARPET: | |
|---------------------------|-----|
| Burns: | N/A |
| Deodorize: | N/A |
| Pet Treatment (Odor): | N/A |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 1 Bedroom: | N/A |
| Shampoo 2 Bedroom: | N/A |
| Stain Removal: | N/A |

| 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 |
| Date of Installation | 2024-04-09 |
| 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): | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | One bag of trash |



| 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 |
| Estimated Value of Personal Property is. \$ | 60 | |
| | | |
| Window Screen(s) each: | | Ok |

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

Lindy Community Representative Name Noel Nation

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| Technician | Noel Nation | |
|--------------------------------------|-------------|--|
| Resident not available for signature | YES | |