



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|---------------|-------------------------|-------|
| 04-12-2024 | Billie Schott | Crossings at Stanbridge | 604 |

| | |
|------------------------------|-------------------|
| Approved By | Billie Schott |
| Resident Name | Abdelhak Tabrichi |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | 04-10-2024 |

| Damage Summary | | | | |
|---|-----------------------------|--------------|-----------------------------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| LIVING ROOM | Other | Clean | | \$0.00 |
| KITCHEN | Cleaning of Stove | Clean | | \$60.00 |
| KITCHEN | Microwave | Clean | | \$0.00 |
| BEDROOMS | Other | Clean | | \$0.00 |
| BEDROOMS | Walls / Outlets | Repair | Over Dark Colors (Per room) | \$150.00 |
| PAINTING | Over Dark Colors (Per Room) | Repair | | \$150.00 |
| Additional Damage Charges | | | | |
| Removal of bulk items (Misc.(1) & furniture) Living rm set (2), Din. Rm. table (1), Bedroom set (4) and Crib(1) | | | | \$450.00 |
| Total Charges | | | | \$810.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| Quartz Countertops |

| | |
|---------------------|----|
| LIVING ROOM: | |
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |

| | |
|--------------|----------------|
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Left furniture |



| | |
|-------------------|----|
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

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

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|------------------------|--------|
| KITCHEN: | |
| Backsplash: | Ok |
| Cabinets: | |
| Cabinet Door: | Ok |
| Cabinets: | |
| Cabinet Handle: | Ok |
| Cabinets: | |
| Cabinet Shelf: | Ok |
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Not Ok |

| | |
|--------------|-----------------|
| Charges Type | Clean |
| Charges | |
| Comment | Stove top dirty |



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

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

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|-------------------------------|----|
| Dishwasher: | |
| Dishwasher Silverware Holder: | Ok |

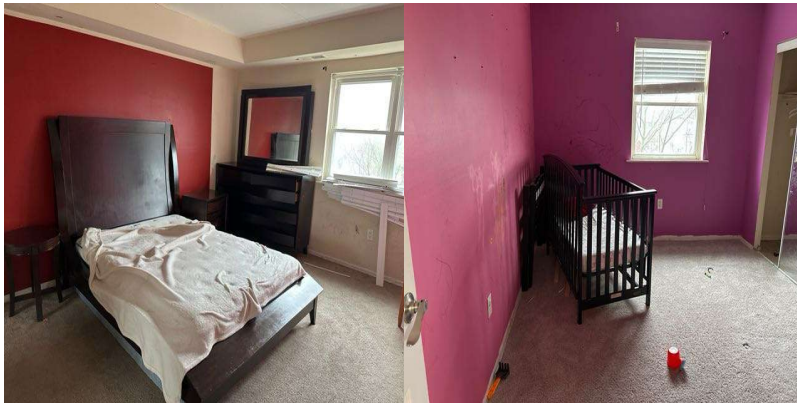
| | |
|-------------------|---------------|
| Drip Pan: | Ok |
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Formica/Tiles: | Ok |
| Garbage Disposal: | Ok |
| Kitchen Sink: | Ok |
| Microwave: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Outside dirty |



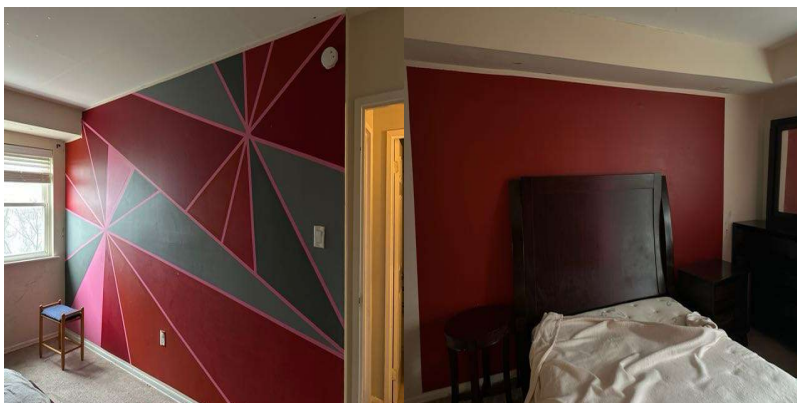
| | |
|---|----|
| Other: | Ok |
| Oven / Range: | |
| Oven Cleaning: | Ok |
| Oven / Range: | |
| Oven door handle: | Ok |
| Oven / Range: | |
| Oven drip pan: | Ok |
| Oven / Range: | |
| Oven knobs: | Ok |
| Oven / Range: | |
| Oven Racks: | Ok |
| Oven / Range: | |
| Range burners: | Ok |
| Oven / Range: | |
| Range Hood: | Ok |
| Oven Door Handle: | Ok |
| Oven Racks: | Ok |
| Range Top: | Ok |
| 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 |

| | |
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| Washer/Dryer: | N/A |
| Window Coverings: | Ok |

| BEDROOMS: | |
|--------------------|------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Ok |
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Left bedroom set |



| | |
|------------------|---------------|
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Painted walls |



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

| BATHROOM: | |
|--------------------|----|
| Cabinets / Mirror: | Ok |

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| 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 |

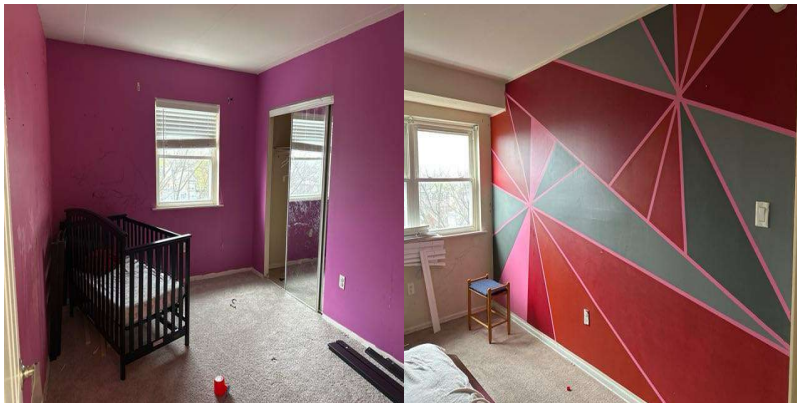
| | |
|---|----|
| LOCKS: | |
| Door Knob: | Ok |
| Door Lock: | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed: | Ok |
| Mail-Box Lock: | Ok |

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| KEYS: | |
| Failure To Return Apartment Key: | Ok |

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| Failure To Return Mailbox Key: | Ok |
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| 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): | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Both bedrooms painted |



| | |
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| Wallpaper Removal (Per Room): | Ok |
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| 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 |
| Date of Installation | 2021-08-12 |
| 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?: | Yes |



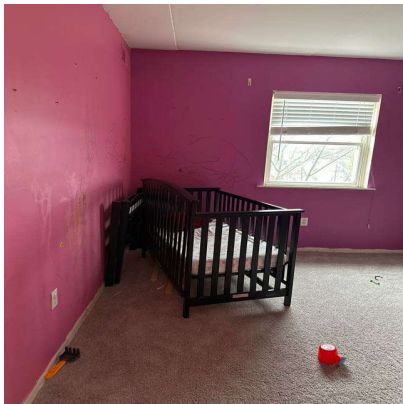
Comment: Living room Furniture

Est Value: \$500



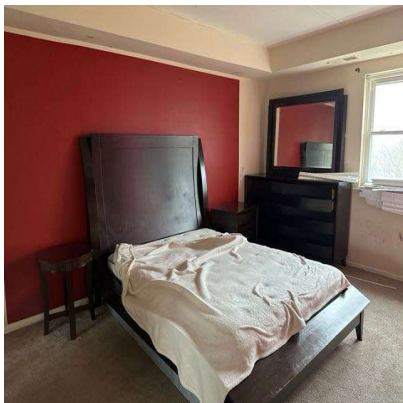
Comment:

Est Value: \$50



Comment:

Est Value: \$50



Comment:

Est Value: \$500

| | |
|--|--------|
| Estimated Value of Personal Property is. | \$1100 |
| Confirm Community Manager or Accounts Receivable had sent out notice to retrieve property. | No |
| Confirm eleven days have elapsed since Above Notice was mailed. | No |
| Confirm resident has not replied to notice. | No |
| Did the Resident Die? | No |

| | |
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| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

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

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| Resident | |
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|-------------------------------------|---------------|
| Lindy Community Representative Name | Billie Schott |
|-------------------------------------|---------------|



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|--------------------------------------|---------------|
| Technician | Billie Schott |
| Resident not available for signature | YES |