



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|----------------|----------|--------|
| 04-22-2024 | Melissa Verdon | Enclaves | 3942A3 |

| | |
|------------------------------|--------------------------------------|
| Approved By | Melissa Verdon |
| Resident Name | Robert Ayres |
| Forwarding Mailing Address | 206 Berkley Ave., Landsdown Pa 19050 |
| Date Resident Turned in Keys | 04-20-2024 |

| Damage Summary | | | | |
|---------------------------|------------------|--------------|------|---------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Cabinets | Cabinet Door | Repair | | \$50.00 |
| KITCHEN | Counter Top | Repair | | \$0.00 |
| BEDROOMS | Floors / Carpet | Repair | | \$0.00 |
| BATHROOM | Soap Dish (Sink) | Repair | | \$0.00 |
| BATHROOM | Towel Bar | Repair | | \$0.00 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$50.00 |

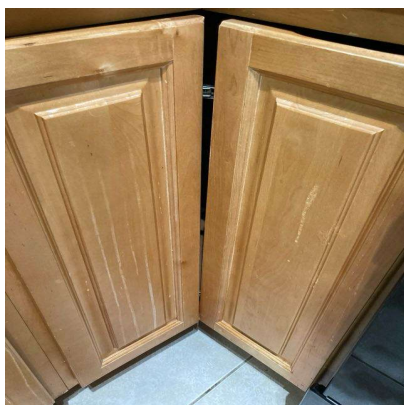
| LIVING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| DINING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |

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

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|-----------------|----|
| KITCHEN: | |
| Backsplash: | Ok |

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|------------------|--------|
| Cabinets: | |
| Cabinet Door: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Repair |



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|------------------|----|
| Cabinets: | |
| Cabinet Handle: | Ok |

| | |
|------------------|----|
| Cabinets: | |
| Cabinet Shelf: | Ok |

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|------------------------|------------|
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Ok |
| Counter Top: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Burn marks |

**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:

Ok

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 |

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

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

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|--------------------------------|--|----|
| 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: | | Not Ok |

| | |
|--------------|--------------|
| Charges Type | Repair |
| Charges | |
| Comment | Tar on floor |



| | |
|-------------------|----|
| Other: | Ok |
| Walls / Outlets: | Ok |
| 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): | Not Ok |
| Charges Type | Repair |

| | |
|---------|--------|
| Charges | |
| Comment | Broken |



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|----------------------|--------|
| Toilet Paper Holder: | Ok |
| Towel Bar: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Broken |



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

| 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 |

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| 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?: | Yes |



Comment: Stool

Est Value: \$

Estimated Value of Personal Property is.

\$0

Window Screen(s) each:

Ok

Window Sills:

Ok

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 | Melissa Verdon |
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|------------|----------------|
| Technician | Melissa Verdon |
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|--------------------------------------|----|
| Resident not available for signature | NO |
|--------------------------------------|----|