



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property           | Units |
|-----------------|-------------|--------------------|-------|
| 04-28-2025      | Thomas Neal | York House (South) | 0312  |

|                                                                                 |                  |
|---------------------------------------------------------------------------------|------------------|
| Approved By                                                                     | Thomas Neal      |
| Resident Name                                                                   | Justine P. DeVan |
| Forwarding Mailing Address                                                      | —                |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 04-28-2025       |

| Damage Summary            |                              |              |      |         |
|---------------------------|------------------------------|--------------|------|---------|
| Main Category             | Sub Category                 | Charges Type | Note | Charges |
| MISCELLANEOUS             | Was the resident locked out? |              |      | \$0     |
| Additional Damage Charges |                              |              |      |         |
| Total Charges             |                              |              |      | \$0.00  |

| Amenities to be added to this Unit |
|------------------------------------|
| Bathroom Upg-light                 |
| Bathroom Upg-plank                 |
| Bathroom Upg-vanity                |
| Plank Flooring                     |
| Quartz Countertops                 |

| 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 |
| <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 |
| 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 |
| 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 |

| <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         |
| Date of Installation                                                                         | 2025-04-28 |
| If there are sprinkler heads, are they painted?:                                             | Yes        |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | Yes        |
| 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 the resident locked out?: | Not Ok |
| Charges Type                  |        |
| Charges                       | 0      |
| 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                                                                                                                                         | Justin Devan |
| <div data-bbox="183 1512 542 1803" data-label="Text">  </div> |              |
| Lindy Community Representative Name                                                                                                              | Thomas Neal  |
| Technician                                                                                                                                       | Thomas Neal  |
| Resident not available for signature                                                                                                             | YES          |