




Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|-------------------|--------|
| 05-01-2025 | Josh Kozich | Towers at Wyncote | 0307-1 |

| | |
|---|--|
| Approved By | Joyce Zamorski |
| Resident Name | Carrie Coward |
| Forwarding Mailing Address | 3536 Nth 18th St., Philadelphia PA 19140 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 04-30-2025 |

| Damage Summary | | | | |
|---------------------------|--------------------------|--------------|----------------------------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Refrigerator (Freezer) | Cleaning Refrigerator | Clean | | \$60 |
| LIVING ROOM | Plank Flooring | Repair | repair plank flooring | \$225 |
| KITCHEN | Cleaning of Stove | Clean | cleaning of stove top | \$30 |
| KITCHEN | Microwave | Clean | Cleaning of microwave | \$15 |
| BATHROOM | Cleaning Bathroom | Clean | cleaning of tub and shower | \$20 |
| CARPET | Replace Carpet 1 Bedroom | Replace | replace stained carpet | \$83.33 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$433.33 |

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

| | |
|---|--------|
| Plank Flooring: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Repair |
|  | |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| DINING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring: | 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 | Clean |



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



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

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



| 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 |
| Plank Flooring: | Ok |
| Walls / Outlets: | Ok |

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

| BATHROOM: | |
|--------------------|--------|
| Cabinets / Mirror: | Ok |
| Ceiling Lights: | Ok |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| | |
|--|----|
| 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 |
| Plank Flooring: | 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): | 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: | Not Ok |

| | |
|---|---------|
| Charges Type | Replace |
| Charges | |
| Comment | Replace |
|  | |
| 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 |
| 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 |

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| 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 |
| 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 | |
| <div style="height: 150px;"></div> | |
| Lindy Community Representative Name | Josh Kozich |
|  | |
| Technician | Josh Kozich |
| Resident not available for signature | NO |