



## Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property         | Units |
|-----------------|-----------------|------------------|-------|
| 05-05-2021      | Newton Williams | Sedgwick Gardens | B312  |

|                              |                                      |
|------------------------------|--------------------------------------|
| Resident Name                | Jonathan Cohen                       |
| Forwarding Mailing Address   | 520 W Sedgwick St. Phila. Pa. 19119. |
| Date Resident Turned in Keys | 04-30-2021                           |

| Damage Summary            |              |              |      |         |
|---------------------------|--------------|--------------|------|---------|
| Main Category             | Sub Category | Charges Type | Note | Charges |
| Additional Damage Charges |              |              |      |         |
| Total Charges             |              |              |      | \$0.00  |

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

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

|                 |    |
|-----------------|----|
| <b>KITCHEN:</b> |    |
| Backsplash:     | Ok |
| Cabinets:       | Ok |

|                                     |    |
|-------------------------------------|----|
| Ceiling Fan:                        | Ok |
| Ceiling Light Fixture:              | Ok |
| Ceiling Lights:                     | Ok |
| Cleaning of Stove:                  | Ok |
| Counter Top:                        | Ok |
| Dishwasher:                         | Ok |
| Drip Pan:                           | Ok |
| Electric Meter:                     | Ok |
| Faucet:                             | Ok |
| Faucet Knobs:                       | Ok |
| Fire Stops:                         | Ok |
| Floors:                             | Ok |
| Formica/Tiles:                      | Ok |
| Garbage Disposal:                   | Ok |
| Kitchen Sink:                       | Ok |
| Microwave:                          | Ok |
| Other:                              | Ok |
| Oven Door Handle:                   | Ok |
| Oven Racks:                         | Ok |
| Oven / Range:                       | 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 |

|                   |    |
|-------------------|----|
| 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 |
| 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>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|          |  |
|----------|--|
| Resident |  |
|----------|--|

|                                                                                   |                 |
|-----------------------------------------------------------------------------------|-----------------|
| Lindy Community Representative Name                                               | Newton Williams |
|  |                 |
| Technician                                                                        | Newton Williams |
| Resident not available for signature                                              | YES             |
| Resident refused Signature                                                        | NO              |