

Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
05-13-2020	Felicia Howell	Regency House	420

Resident Name	Haksun Moon
Forwarding Mailing Address	119 Cooper Landing RdCherry Hill, NJ 08002
Date Resident Turned in Keys	May-13-2020

Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
KITCHEN	Cleaning of Stove	Replace	Cleaning of Stove/Need Replaced	\$250.00
BATHROOM	Soad Dish (Tub)	Clean	Tub Uncleaned	\$60.00
MISCELLANEOUS	Smoke Detector Alarm	Replace		\$100.00
Additional Damage Charges				
			Total Charges	\$410.00

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

Window coverings:	Ok
KITCHEN:	
Electric Meter:	Ok
Cabinets:	Ok
Cabinet Door:	Ok
Cabinet Shelf:	Ok
Cabinet Handle:	Ok
Counter Top:	Ok
Refrigerator (Freezer):	Ok
Refrigerator (Shelf and Bars):	Ok
Refrigerator (Drawers):	Ok
Refrigerator Crisper Glass/Plastic:	Ok
Cleaning Refrigerator:	Ok
Dishwasher Rack:	Ok
Dishwasher Silverware Holder:	Ok
Dishwasher Knob:	Ok
Fire Stops:	Ok
Formica/Tiles:	Ok
Stove Knob:	Ok
Microwave:	Ok
Cleaning of Stove:	Not Ok
Charges Type	Replace
Charges	
Comment	Unclean and need replaced



Ceiling Lights:	Ok
Garbage Disposal:	Ok

Rubber Stopper:	Ok
Oven Door Handle:	Ok
Oven Racks:	Ok
Kitchen Sink:	Ok
Faucet Knobs:	Ok
Floors:	Ok
Faucet:	Ok
Drip Pan:	Ok
Range Hood:	Ok
Range Top:	Ok
Ceiling Light Fixture:	Ok
Backsplash:	Ok
Ceiling Fan:	Ok
Washer/Dryer:	Ok
Wall Outlets:	Ok
Window Coverings:	Ok
Other:	Ok
BEDROOMS:	
Walls / Outlets:	Ok
Ceilings / Lights:	Ok
Floors / Carpet:	Ok
Window:	Ok
Window coverings:	Ok
Door / Closet:	Ok
	-1
Other:	Ok
Other: BATHROOM:	Ok
	Ok Ok
BATHROOM:	
BATHROOM: Medicine Cabinet:	Ok
BATHROOM: Medicine Cabinet: Mirror Cabinet:	Ok Ok
BATHROOM: Medicine Cabinet: Mirror Cabinet: Vanity Cabinet:	Ok Ok
BATHROOM: Medicine Cabinet: Mirror Cabinet: Vanity Cabinet: Sink:	Ok Ok Ok Ok
BATHROOM: Medicine Cabinet: Mirror Cabinet: Vanity Cabinet: Sink: Toilet Tank Cover:	Ok Ok Ok Ok Ok

Toilet Paper Holder:	Ok
Shower Head:	Ok
Tub Knob(s):	Ok
Shower Curtain Bar:	Ok
Towel Bar:	Ok
Tub Reglazing:	Ok
Counter Top:	Ok
Soap Dish (Sink):	Ok
Soad Dish (Tub):	Not Ok
Charges Type	Clean
Charges	
Comment	Tub unclean



Remove Mildew on Tiles:	Ok
Cleaning Bathroom:	Ok
Wall Outlets:	Ok
Ceiling Lights:	Ok
Floors:	Ok
Formica /Tile:	Ok
Cabinets / Mirror:	Ok
Window:	Ok
Other:	Ok
Is there signs of moisture from outside in the apartment?:	Ok
LOCKS:	
Door Lock:	Ok
Door Knob:	Ok
Fix Door when extra lock is removed:	Ok

Mail-Box Lock:	Ok
Ensure the apartment door has an automatic closure and closes properly. :	Ok
KEYS:	
Failure To Return Apartment Key:	Ok
Failure To Return Mailbox Key:	Ok
DOORS:	
Apartment Door:	Ok
Solid Core & Steel:	Ok
Frame:	Ok
Hollow:	Ok
PAINTING:	
Over Dark Colors (Per Room):	Ok
Holes in Walls (Each Hole):	Ok
Wallpaper Removal (Per Room):	Ok
Border Removal (Per Room):	Ok
CARPET:	
Shampoo 1 Bedroom:	Ok
Shampoo 2 Bedroom:	Ok
Stain Removal:	Ok
Burns:	Ok
Deodorize:	Ok
Pet Treatment (Odor):	Ok
Replace Carpet 1 Bedroom:	Ok
Replace Carpet 2 Bedroom:	Ok
MISCELLANEOUS:	
Remove Debris (Per Bag):	Ok
Removal Of Bulk Items:	Ok
Clear Storage Locker:	Ok
Closet Shelves:	Ok
Window Sills:	Ok
Window Screen(s) each:	Ok
Broken Window Glass (Per Pane):	Ok
Mini Blind(s) each:	Ok
Vertical Blinds:	Ok

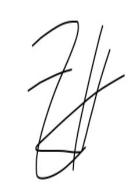
Sliding Mirror/Glass Door (2):	Ok
Carbon Monoxide Detector:	Ok
Smoke Detector Alarm:	Not Ok
Charges Type	Replace
Charges	
Comment	Missing



Fire extinguisher:	Ok
Cabinet Equipment:	Ok
Vinly Tile Kitchen:	Ok
Vinly Tile Bathroom:	Ok
Exhaust Fan:	Ok
Phone Jack:	Ok
Fan Blades:	Ok
Light Globes:	Ok
Door Intercom System:	Ok
Switch Plate Covers:	Ok
Rallings:	Ok
Outside Lights:	Ok
Stoppage by foreign object in any drain:	Ok
Thermostat Cover:	Ok
Cleaning of Apartment:	Ok
Common Area damaged during moveout:	Ok
If fire stops have been installed throughout the property, ensure fire stops are installed.:	Ok
OVERALL:	
Signs of Moisture outside the apartment:	Ok
Signs of Moisture inside the apartment:	Ok

Resident					
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Lindy Community Representative Name	Felicia Howell



Technician	Felicia Howell
Resident not available for signature	YES
Resident refused Signature	NO