



## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property | Units |
|-----------------|----------------|----------|-------|
| 06-02-2022      | Felicia Howell | Eola     | G004  |

|                              |                |
|------------------------------|----------------|
| Approved By                  | Felicia Howell |
| Resident Name                | Ayana White    |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | 05-31-2022     |

| Damage Summary            |  |              |  |          |
|---------------------------|--|--------------|--|----------|
| Main Category             | Sub Category                           | Charges Type | Note   | Charges  |
| LIVING ROOM               | Other                                  | Clean        | Clean Main Category Sub Category Charges Type Default Charges Action LIVING ROOM | \$200.00 |
| KITCHEN                   | Counter Top                            | Clean        | Clean Counter Top  | \$100.00 |
| BEDROOMS                  | Floors / Carpet                        | Replace      | Replace Carpet   | \$100.00 |
| LOCKS                     | Mail-Box Lock                          | Replace      |  | \$20.00  |
| KEYS                      | Failure To Return Apartment Key        | Replace      |  | \$50.00  |
| KEYS                      | Failure To Return Mailbox Key          | Replace      |  | \$20.00  |
| MISCELLANEOUS             | Cleaning of Apartment                  | Clean        |  | \$100.00 |
| OVERALL                   | Signs of Moisture inside the apartment | Clean        |  | \$0.00   |
| Additional Damage Charges |  |              |  |          |
| Total Charges             |  |              |  | \$590.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| Plank Floors                       |

## Black Appliances

| <b>LIVING ROOM:</b> |           |
|---------------------|-----------|
| Ceilings / Lights:  | Ok        |
| Door / Closet:      | Ok        |
| Other:              | Not Ok    |
| Charges Type        | Clean     |
| Charges             |           |
| Comment             | Uncleaned |

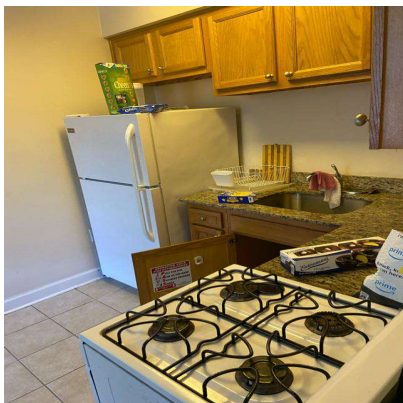


|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| <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:           | Not Ok |
| Charges Type           | Clean  |

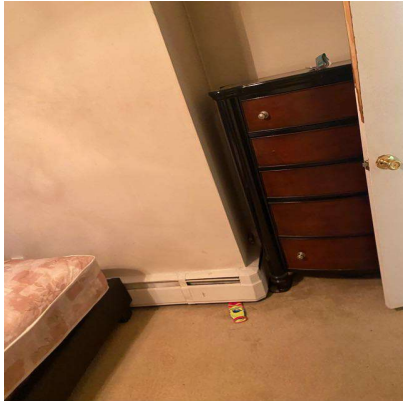
|         |           |
|---------|-----------|
| Charges |           |
| Comment | Uncleaned |



|   |    |
|---|----|
| 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:  | Ok |
| Other:  | Ok |
| Oven / Range:   | Ok |
| Oven Door Handle:   | Ok |
| Oven Racks:   | Ok |
| Range Top:  | Ok |
| Refrigerator (Freezer):   | 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: | Not Ok  |
| Charges Type     | Replace |
| Charges          |         |
| Comment          | Replace |

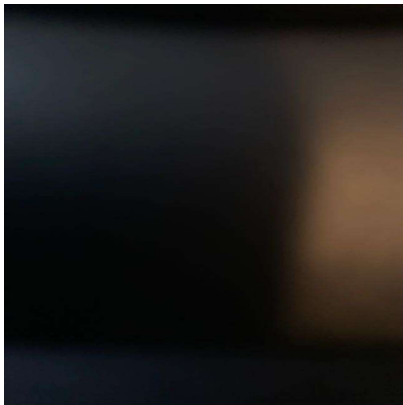


|                   |    |
|-------------------|----|
| Other:            | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

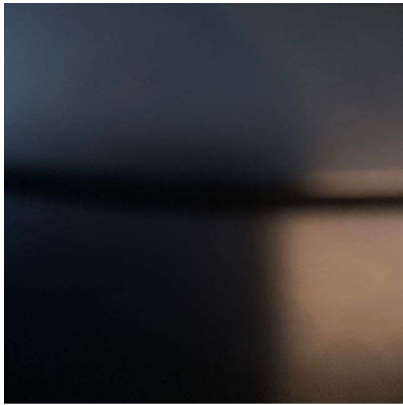
| <b>BATHROOM:</b>   |    |
|--|----|
| Cabinets / Mirror:   | Ok |
| Ceiling Lights:  | Ok |
| Cleaning Bathroom:   | Ok |
| Complete Toilet:   | Ok |
| Counter Top:   | Ok |
| Floors:  | Ok |
| Formica /Tile:   | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:  | 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 |

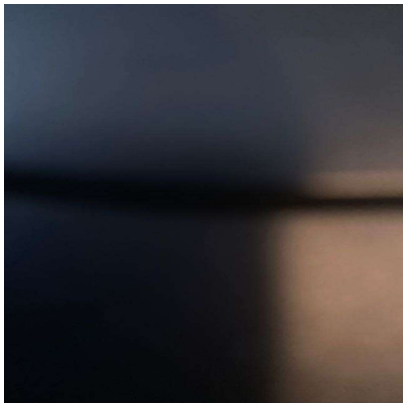
|   |         |
|---|---------|
| <b>LOCKS:</b>   |         |
| Door Knob:  | Ok      |
| Door Lock:  | Ok      |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok      |
| Fix Door when extra lock is removed:                                      | Ok      |
| Mail-Box Lock:  | Not Ok  |
| Charges Type  | Replace |
| Charges   |         |
| Comment   | Replace |



|                                  |              |
|----------------------------------|--------------|
| <b>KEYS:</b>                     |              |
| Failure To Return Apartment Key: | Not Ok       |
| Charges Type                     | Replace      |
| Charges                          |              |
| Comment                          | Not returned |



|                                |              |
|--------------------------------|--------------|
| Failure To Return Mailbox Key: | Not Ok       |
| Charges Type                   | Replace      |
| Charges                        |              |
| Comment                        | Not returned |



| DOORS:                               |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | 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 |
|----------------|----|

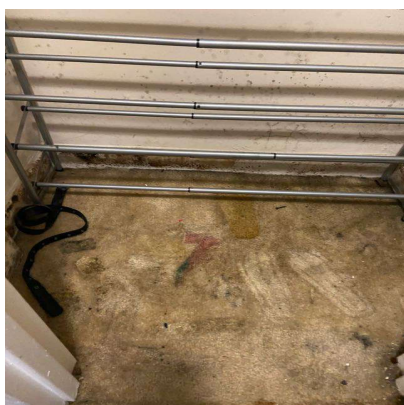
| <b>MISCELLANEOUS:</b>           |             |
|---------------------------------|-------------|
| Broken Window Glass (Per Pane): | Ok          |
| Cabinet Equipment:              | Ok          |
| Carbon Monoxide Detector:       | Ok          |
| Cleaning of Apartment:          | Not Ok      |
| Charges Type                    | Clean       |
| Charges                         |             |
| Comment                         | Remove bulk |



|  |    |
|--|----|
| Clear Storage Locker:  | Ok |
| Closet Shelves:  | Ok |
| Common Area damaged during moveout:  | Ok |
| Door Intercom System:  | Ok |
| Exhaust Fan:   | Ok |
| Fan Blades:  | Ok |
| Fire extinguisher:   | 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 |
| Window Screen(s) each:                   | Ok |
| Window Sills:                            | Ok |

|   |        |
|---|--------|
| <b>OVERALL:</b>                         |        |
| Signs of Moisture inside the apartment: | Not Ok |
| Charges Type                            | Clean  |
| Charges                                 |        |
| Comment                                 | Mildew |



|                                     |                |
|-------------------------------------|----------------|
| Resident                            |                |
| Lindy Community Representative Name | Felicia Howell |



A handwritten signature in black ink, appearing to be 'F. Howell', is located in the upper left quadrant of the page.

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