

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 06-04-2021      | Dudlow Blake | Joshua House | B0105 |

| Resident Name                | Marlon Segura                       |
|------------------------------|-------------------------------------|
| Forwarding Mailing Address   | 7934 Eastwood Street Phila pa 19152 |
| Date Resident Turned in Keys | 05-31-2021                          |

| Damage Summary            |                             |                 |  |         |
|---------------------------|-----------------------------|-----------------|--|---------|
| Main<br>Category          | Sub Category                | Charges<br>Type | Note   | Charges |
| CARPET                    | Replace Carpet 1<br>Bedroom | Replace         | Water leak from foundation<br>caused resident furniture to<br>stain carpet This is no fault<br>of resident-No charge | \$0.00  |
| Additional Damage Charges |                             |                 |  |         |
|                           |                             |                 | Total Charges  | \$0.00  |

| Amenities to be added to this Unit |
|------------------------------------|
| Granite/Quartz Countertops         |
| Plank Flooring                     |

| 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 |
| 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 / Range:           | Ok |
| Oven Door Handle:       | Ok |
| Oven Racks:             | Ok |
| Range Top:              | Ok |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper:         | Ok |
| Stove Knob:             | Ok |
| Wall Outlets:           | Ok |
| Washer/Dryer:           | Ok |

| Window Coverings: | Ok |
|-------------------|----|
|                   |    |

| BEDROOMS:          |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| BATHROOM:  |    |
|--|----|
| 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 |

| 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 |
| 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:                   |           |
|---------------------------|-----------|
| Replace Carpet 1 Bedroom: | Not Ok    |
| Charges Type              | Replace   |
| Charges                   |           |
| Comment                   | Replacing |



| 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 |
| 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 Bathro  | om:      | Ok |
|--------------------|----------|----|
| Vinly Tile Kitcher | n: (     | Ok |
| Window Screen(s    | s) each: | Ok |
| Window Sills:      |          | Ok |

| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

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

Lindy Community Representative Name

**Dudlow Blake** 



| Technician                           | Dudlow Blake |
|--------------------------------------|--------------|
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |