




## Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property   | Units |
|-----------------|--------------|------------|-------|
| 06-04-2025      | Jason Aleman | 251 Dekalb | W0722 |

|   |   |
|---|---|
| Approved By   | Stephen Cicala                                  |
| Resident Name   | Scott McShane                                   |
| Forwarding Mailing Address  | 233 East King St., Apt. 409A, Malvern, PA 19355 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 05-31-2025                                      |

| Damage Summary         |                       |              |   |          |
|------------------------|-----------------------|--------------|---|----------|
| Main Category          | Sub Category          | Charges Type | Note  | Charges  |
| Dishwasher             | Dishwasher Rack       | Clean        | Dishes left in dishwasher.  | \$25     |
| Oven / Range           | Oven Cleaning         | Clean        | One cleaning charge for all cleaning needed. Less trash, bulk, or HVAC duct cleaning. | \$228.96 |
| Cabinets               | Cabinet Shelf         | Clean        | Items left in kitchen cabinets.   | \$25     |
| Refrigerator (Freezer) | Cleaning Refrigerator | Clean        | One cleaning charge for all cleaning needed. Please see above.                        | \$0      |
| LIVING ROOM            | Ceilings / Lights     | Repair       |   | \$0      |
| KITCHEN                | Cleaning of Stove     | Clean        | One cleaning charge for all cleaning needed. Please see above.                        | \$0      |
| KITCHEN                | Counter Top           | Clean        |   | \$0      |
| KITCHEN                | Kitchen Sink          | Clean        |   | \$0      |
| KITCHEN                | Microwave             | Clean        |   | \$0      |

|                                  |                                    |       |  |          |
|----------------------------------|------------------------------------|-------|--|----------|
| BATHROOM                         | Cleaning Bathroom                  | Clean | One cleaning charge for all cleaning needed. Please see above. | \$0      |
| BATHROOM                         | Sink                               | Clean |  | \$0      |
| MISCELLANEOUS                    | Remove Debris (Per Bag)            | Clean |  | \$0      |
| MISCELLANEOUS                    | Was personal property left behind? |       | Boxes, floor lamp, decorations left behind                     | \$75     |
| MISCELLANEOUS                    | Was the resident locked out?       |       |  | \$0      |
| <b>Additional Damage Charges</b> |                                    |       |  |          |
| Total Charges                    |                                    |       |  | \$353.96 |

|   |                               |
|---|-------------------------------|
| <b>LIVING ROOM:</b>   |                               |
| Ceilings / Lights:  | Not Ok                        |
| Charges Type  | Repair                        |
| Charges   |                               |
| Comment   | Ceiling damaged by front door |
|  |                               |
| 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 |

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

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

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| <b>Cabinets:</b> |    |
| Cabinet Door:    | Ok |

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|------------------|----|
| <b>Cabinets:</b> |    |
| Cabinet Handle:  | Ok |

|                  |                        |
|------------------|------------------------|
| <b>Cabinets:</b> |                        |
| Cabinet Shelf:   | Not Ok                 |
| Charges Type     | Clean                  |
| Charges          |                        |
| Comment          | Did not empty cabinets |



|                        |        |
|------------------------|--------|
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



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



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|--------------------|----|
| <b>Dishwasher:</b> |    |
| Dishwasher Knob:   | Ok |

|                    |             |
|--------------------|-------------|
| <b>Dishwasher:</b> |             |
| Dishwasher Rack:   | Not Ok      |
| Charges Type       | Clean       |
| Charges            |             |
| Comment            | Left dishes |



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| <b>Dishwasher:</b>                                 |        |
| Dishwasher Silverware Holder:                      | Ok     |
| Drip Pan:  | Ok     |
| Electric Meter:                                    | Ok     |
| Faucet:  | Ok     |
| Faucet Knobs:                                      | Ok     |
| Floors:  | Ok     |
| Formica/Tiles:                                     | Ok     |
| Garbage Disposal:                                  | Ok     |
| Is there a FireAvert red box, plug, and solenoid?: | Ok     |
| Kitchen Sink:                                      | Not Ok |
| Charges Type                                       | Clean  |
| Charges  |        |
| Comment  | Clean  |




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



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| Other: |  | Ok |
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| <b>Oven / Range:</b> |        |  |
| Oven Cleaning:       | Not Ok |  |
| Charges Type         | Clean  |  |
| Charges              |        |  |
| Comment              | Clean  |  |



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| <b>Oven / Range:</b> |    |  |
| Oven door handle:    | Ok |  |

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|----------------------|----|--|
| <b>Oven / Range:</b> |    |  |
| Oven drip pan:       | Ok |  |

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|----------------------|----|--|
| <b>Oven / Range:</b> |    |  |
| Oven knobs:          | Ok |  |

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| <b>Oven / Range:</b> |    |  |
| Oven Racks:          | Ok |  |

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| <b>Oven / Range:</b> |    |  |
| Range burners:       | Ok |  |

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| <b>Oven / Range:</b> |    |  |
| Range Hood:          | Ok |  |

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|-------------------|----|--|
| 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 |

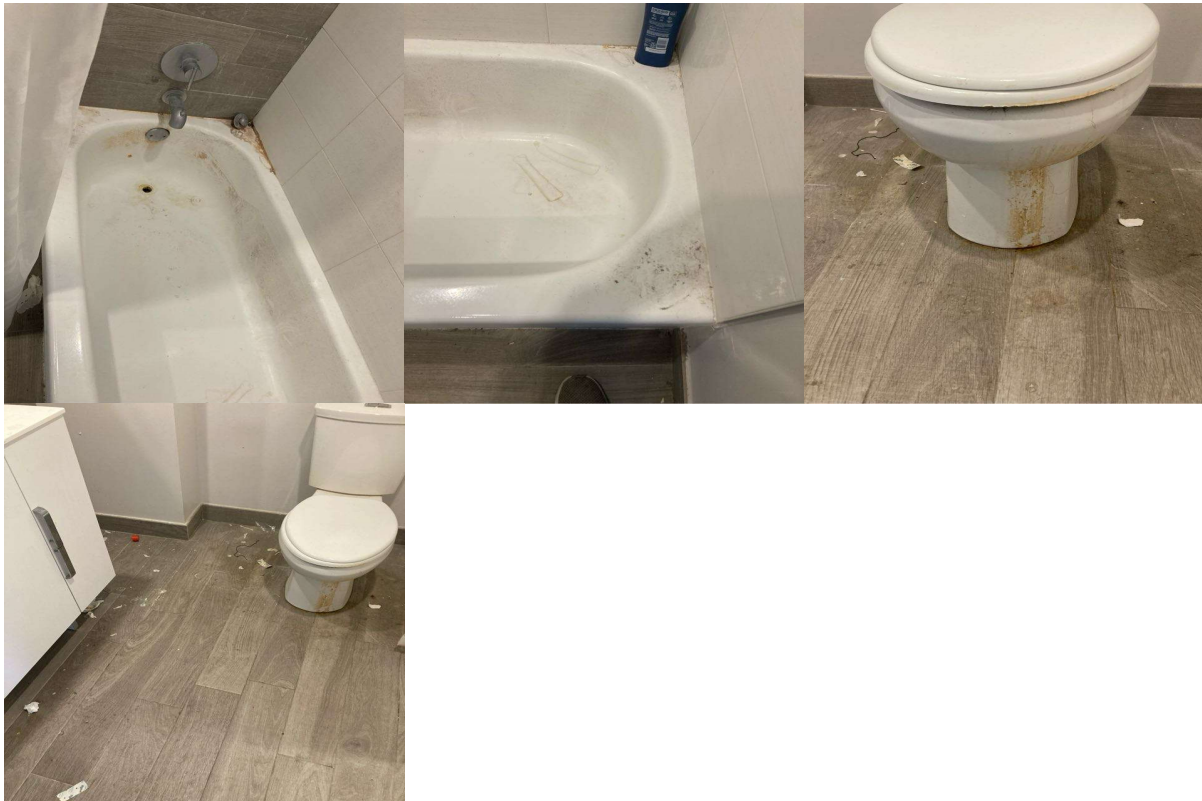
|                   |    |
|-------------------|----|
| Rubber Stopper:   | Ok |
| Stove Knob:       | Ok |
| Wall Outlets:     | Ok |
| Washer/Dryer:     | Ok |
| Window Coverings: | Ok |

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



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

|                    |        |
|--------------------|--------|
| <b>BATHROOM:</b>   |        |
| 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 |
| Remove Mildew on Tiles:                                    | Ok |
| Shower Curtain Bar:  | Ok |
| Shower Head:   | Ok |



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



|                      |    |
|----------------------|----|
| 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 |

|                               |    |
|-------------------------------|----|
| <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>CARPET:</b>            |    |
| 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:   | 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): | Not Ok |
| Charges Type             | Clean  |
| Charges                  |        |
| Comment                  | Clean  |



|  |        |
|--|--------|
| 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     |
| Was personal property left behind?:      | No     |
| Charges Type                             |        |
| Charges                                  | 0      |
| Was the resident locked out?:            | Not Ok |
| Charges Type                             |        |
| Charges                                  | 0      |
| Window Screen(s) each:                   | Ok     |
| Window Sills:                            | Ok     |

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

|  |    |
|--|----|
| Signs of Moisture outside the apartment: | Ok |
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|          |  |
|----------|--|
| Resident |  |
|----------|--|

|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Jason Aleman |
|-------------------------------------|--------------|



|            |              |
|------------|--------------|
| Technician | Jason Aleman |
|------------|--------------|

|                                      |    |
|--------------------------------------|----|
| Resident not available for signature | NO |
|--------------------------------------|----|