

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

<b>Inspection Date</b>	Technician	Property	Units
06-09-2022	Amber Johnson	York North (YONO)	0205

Approved By	Amber Johnson
Resident Name	
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	06-09-2022

Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
MISCELLANEOUS	Remove Debris (Per Bag)	Clean	Removal of left over trash (2)bag	\$50.00
Additional Damage Charges				
Total Charges			\$50.00	

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

Backsplash:       O         Cabinets:       O         Ceiling Fan:       O         Ceiling Light Fixture:       O         Ceiling Lights:       O         Cleaning of Stove:       O         Counter Top:       O         Dishwasher:       O         Drip Pan:       O         Electric Meter:       O         Faucet:       O         Faucet Knobs:       O         Formica/Tiles:       O         Garbage Disposal:       O         Kitchen Sink:       O         Microwave:       O         Other:       O
Ceiling Fan:       O         Ceiling Light Fixture:       O         Ceiling Lights:       O         Cleaning of Stove:       O         Counter Top:       O         Dishwasher:       O         Drip Pan:       O         Electric Meter:       O         Faucet:       O         Fores:       O         Formica/Tiles:       O         Garbage Disposal:       O         Kitchen Sink:       O         Microwave:       O
Ceiling Light Fixture:         O           Ceiling Lights:         O           Cleaning of Stove:         O           Counter Top:         O           Dishwasher:         O           Drip Pan:         O           Electric Meter:         O           Faucet:         O           Faucet Knobs:         O           Floors:         O           Formica/Tiles:         O           Garbage Disposal:         O           Kitchen Sink:         O           Microwave:         O
Ceiling Lights:  Cleaning of Stove:  Counter Top:  Dishwasher:  Dip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Formica/Tiles:  Garbage Disposal:  Kitchen Sink:  Oiceaning of Stove:  Oiceaning of
Cleaning of Stove:       O         Counter Top:       O         Dishwasher:       O         Drip Pan:       O         Electric Meter:       O         Faucet:       O         Faucet Knobs:       O         Floors:       O         Formica/Tiles:       O         Garbage Disposal:       O         Kitchen Sink:       O         Microwave:       O
Counter Top:  Dishwasher:  Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Formica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Dishwasher:  Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Floors:  Offermica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Floors:  Offermica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Electric Meter:  Faucet:  Faucet Knobs:  Floors:  Cormica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Faucet:  Faucet Knobs:  Floors:  Formica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Faucet Knobs:  Floors:  Formica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Floors: Of Formica/Tiles: Of Garbage Disposal: Of Kitchen Sink: Of Microwave: Of Sink: Of Sin
Formica/Tiles:  Garbage Disposal:  Kitchen Sink:  Microwave:
Garbage Disposal:  Kitchen Sink:  Microwave:
Kitchen Sink:  Microwave:
Microwave:
Other:
Oven / Range:
Oven Cleaning: Ok
Oven / Range:
Oven door handle: Ok
Oven / Range:
Oven drip pan: Ok
Oven / Range:
Oven knobs: Ok
Oven / Range:
Oven Racks: Ok

Oven / Range:	
Range burners:	Ok
Oven / Range:	
Range Hood:	Ok
Oven Door Handle:	(
Oven Racks:	
Range Top:	
Refrigerator (Freezer):	
Rubber Stopper:	
Stove Knob:	
Verify that either a Fire Stop (under the microwave) or FireAver	t (behind the stove) exists.:
Wall Outlets:	
Washer/Dryer:	
Window Coverings:	

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
Apartment Door closes automatically:	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:	
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

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
If there are sprinkler heads, are they painted?:	Yes
If there are sprinklers, are the sprinkler pipes painted?:	Yes
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	Trash left in unit



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

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

Resident	
----------	--

Lindy Community Representative Name	Amber Johnson



Technician	Amber Johnson
Resident not available for signature	NO
Resident refused Signature	NO