



## Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property                | Units |
|-----------------|---------------|-------------------------|-------|
| 06-15-2023      | Billie Schott | Crossings at Stanbridge | 310   |

|                              |  |
|------------------------------|--|
| Approved By                  | Billie Schott                              |
| Resident Name                | Burhan Ahmed                               |
| Forwarding Mailing Address   | 38 Jenkins Ave - Apt 207lansdale, PA 19446 |
| Date Resident Turned in Keys | 05-31-2023                                 |

| Damage Summary                   |              |              |      |          |
|----------------------------------|--------------|--------------|------|----------|
| Main Category                    | Sub Category | Charges Type | Note | Charges  |
| <b>Additional Damage Charges</b> |              |              |      |          |
| Cleaning stove                   |              |              |      | \$60.00  |
| Bathroom dirty                   |              |              |      | \$75.00  |
| Total Charges                    |              |              |      | \$135.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| Bathroom Upgrade                   |
| Kitchen Up Prem Jr                 |
| Parquet Hardwood Floors            |
| Quartz Countertops                 |

| 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    |
| Comment                | Dirty |



|                               |    |
|-------------------------------|----|
| Counter Top:                  | Ok |
| <b>Dishwasher:</b>            |    |
| Dishwasher Knob:              | Ok |
| <b>Dishwasher:</b>            |    |
| Dishwasher Rack:              | Ok |
| <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    |
| Kitchen Sink:        | Ok    |
| Microwave:           | Ok    |
| Other:               | Ok    |
| <b>Oven / Range:</b> |       |
| Oven Cleaning:       | Ok    |
| <b>Oven / Range:</b> |       |
| Oven door handle:    | Ok    |
| <b>Oven / Range:</b> |       |
| Oven drip pan:       | Ok    |
| <b>Oven / Range:</b> |       |
| Oven knobs:          | Ok    |
| <b>Oven / Range:</b> |       |
| Oven Racks:          | Ok    |
| <b>Oven / Range:</b> |       |
| Range burners:       | Ok    |
| <b>Oven / Range:</b> |       |
| Range Hood:          | Ok    |
| Oven Door Handle:    | Ok    |
| Oven Racks:          | Ok    |
| Range Top:           | Ok    |
| Comment              | Dirty |


**Refrigerator (Freezer):**

Cleaning Refrigerator:

Ok

**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

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

**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    |
| Comment            | Dirty |



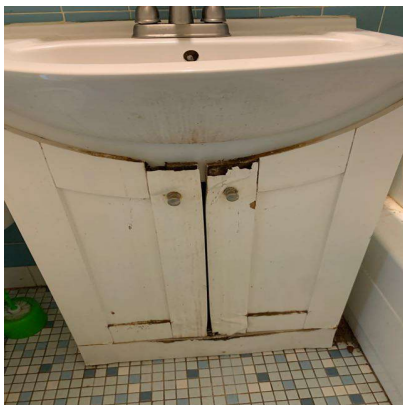
|  |                      |
|--|----------------------|
| Complete Toilet:   | Ok                   |
| Counter Top:   | Ok                   |
| Floors:  | Ok                   |
| Formica /Tile:   | Ok                   |
| Is there signs of moisture from outside in the apartment?: | Ok                   |
| Medicine Cabinet:  | Ok                   |
| Comment  | Vanity water damaged |



|                 |             |
|-----------------|-------------|
| Mirror Cabinet: | Ok          |
| Comment         | Mirrors bad |



|                         |                |
|-------------------------|----------------|
| 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             |
| Comment                 | Needs replaced |



|               |    |
|---------------|----|
| 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:  | Ok |

|                                  |    |
|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

|                                      |    |
|--------------------------------------|----|
| <b>DOORS:</b>                        |    |
| 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 |

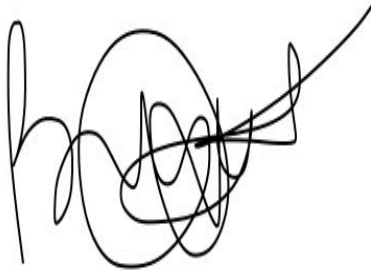
|                                 |    |
|---------------------------------|----|
| <b>MISCELLANEOUS:</b>           |    |
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment:              | Ok |
| Carbon Monoxide Detector:       | Ok |

|  |            |
|--|------------|
| 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         |
| Date of Installation   | 2021-06-10 |
| 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:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

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



|   |               |
|---|---------------|
| Lindy Community Representative Name   | Billie Schott |
|  |               |
| Technician  | Billie Schott |
| Resident not available for signature  | YES           |