



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 06-16-2022      | Nancy Benner | Joshua House | L3011 |

|                              |                                            |
|------------------------------|--------------------------------------------|
| Approved By                  | Nancy Benner                               |
| Resident Name                | LaToya Hill                                |
| Forwarding Mailing Address   | 2427 Claymont street Philadelphia Pa 19153 |
| Date Resident Turned in Keys | 06-14-2022                                 |

| Damage Summary                   |              |              |      |         |
|----------------------------------|--------------|--------------|------|---------|
| Main Category                    | Sub Category | Charges Type | Note | Charges |
| <b>Additional Damage Charges</b> |              |              |      |         |
| Total Charges                    |              |              |      | \$0.00  |

| 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 |

| KITCHEN:    |    |
|-------------|----|
| Backsplash: | Ok |

|                                |  |    |
|--------------------------------|--|----|
| <b>Cabinets:</b>               |  |    |
| Cabinet Door:                  |  | Ok |
| <b>Cabinets:</b>               |  |    |
| Cabinet Handle:                |  | Ok |
| <b>Cabinets:</b>               |  |    |
| Cabinet Shelf:                 |  | 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 |
| 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 |
| <b>Refrigerator (Freezer):</b> |  |    |
| Cleaning Refrigerator:         |  | Ok |
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Drawers):        |  | Ok |

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| <b>Refrigerator (Freezer):</b>                                                                |    |
| Refrigerator (Shelf and Bars):                                                                | Ok |
| <b>Refrigerator (Freezer):</b>                                                                |    |
| 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 |

|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| 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:                                         | 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:                                                            | 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 |
| 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:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

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

|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Nancy Benner |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Nancy Benner |
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |