



## Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property          | Units  |
|-----------------|--------------|-------------------|--------|
| 06-18-2024      | Jason Aleman | Towers at Wyncote | 0617-2 |

|                              |                                               |
|------------------------------|-----------------------------------------------|
| Approved By                  | Joyce Zamorski                                |
| Resident Name                | Daina Fleming                                 |
| Forwarding Mailing Address   | 3345 E. Continental Rd., West Point, NY 10996 |
| Date Resident Turned in Keys | 06-17-2024                                    |

| Damage Summary            |                                    |              |      |         |
|---------------------------|------------------------------------|--------------|------|---------|
| Main Category             | Sub Category                       | Charges Type | Note | Charges |
| CARPET                    | Stain Removal                      | Clean        |      | \$50.00 |
| MISCELLANEOUS             | Was personal property left behind? |              |      | \$0.00  |
| MISCELLANEOUS             | Was the resident locked out?       |              |      | \$0.00  |
| Additional Damage Charges |                                    |              |      |         |
| Total Charges             |                                    |              |      | \$50.00 |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | Ok |

|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

|                               |    |
|-------------------------------|----|
| <b>KITCHEN:</b>               |    |
| 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 |
| <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 |
| <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>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 |
| Plank Flooring:                                            | 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:            | Not Ok |
| Charges Type              | Clean  |
| Charges                   |        |

|                                                                                   |                           |
|-----------------------------------------------------------------------------------|---------------------------|
| Comment                                                                           | Master carpet stain Clean |
|  |                           |

| 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 |
| 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 |
| Was personal property left behind?: | No |
| Charges Type                        |    |
| Charges                             | 0  |
| Was the resident locked out?:       | No |
| Charges Type                        |    |
| Charges                             | 0  |
| Window Screen(s) each:              | Ok |
| Window Sills:                       | Ok |

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

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



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Jason Aleman |
| Resident not available for signature | NO           |