



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|--------------|-------|
| 06-17-2021 | Dudlow Blake | Joshua House | H0108 |

| | |
|------------------------------|---------------|
| Resident Name | Dyamond Wims |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | 06-17-2021 |

| Damage Summary | | | | |
|---------------------------|--------------------------|--------------|------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| LIVING ROOM | Door / Closet | Repair | | \$13.00 |
| LIVING ROOM | Walls / Outlets | Repair | | \$0.00 |
| KITCHEN | Cleaning of Stove | Clean | | \$60.00 |
| KITCHEN | Floors | Clean | | \$0.00 |
| CARPET | Replace Carpet 1 Bedroom | Replace | | \$800.00 |
| MISCELLANEOUS | Cleaning of Apartment | Clean | | \$100.00 |
| MISCELLANEOUS | Removal Of Bulk Items | Clean | | \$0.00 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$973.00 |

| | |
|---------------------|-----------|
| LIVING ROOM: | |
| Ceilings / Lights: | Ok |
| Door / Closet: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Replacing |



| | |
|------------------|-----------|
| Other: | Ok |
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Replacing |



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

| KITCHEN: | |
|--------------------|-----------------|
| Cleaning of Stove: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning needed |



| | |
|--------------|-----------------|
| Floors: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning needed |



| 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 |
| Frame: | Ok |

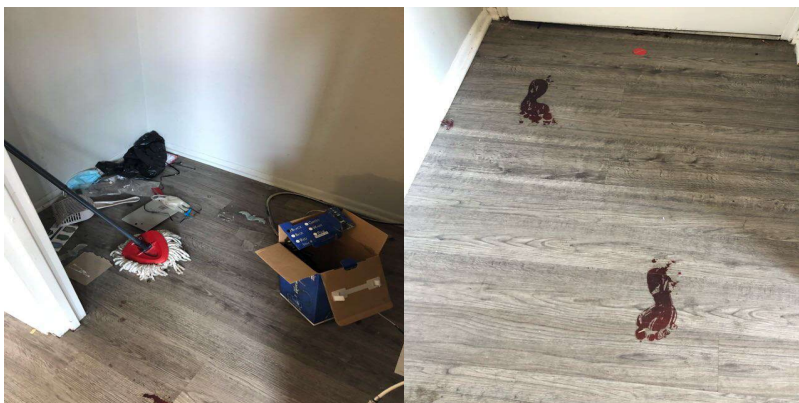
| | |
|---------------------|----|
| Hollow: | Ok |
| Solid Core & Steel: | Ok |

| PAINTING: | |
|-------------------------------|----|
| Border Removal (Per Room): | Ok |
| Holes in Walls (Each Hole): | Ok |
| Over Dark Colors (Per Room): | Ok |
| Wallpaper Removal (Per Room): | Ok |

| CARPET: | |
|---------------------------|-----------|
| Replace Carpet 1 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replacing |



| MISCELLANEOUS: | |
|------------------------|----------|
| Cleaning of Apartment: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| | |
|------------------------|----------|
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



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

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

| | |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Dudlow Blake |
|-------------------------------------|--------------|

Dudlow
B

| | |
|--------------------------------------|--------------|
| Technician | Dudlow Blake |
| Resident not available for signature | YES |

Resident refused Signature

NO