



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property    | Units |
|-----------------|-------------|-------------|-------|
| 06-22-2022      | Dave Kimmel | Meadowbrook | 537   |

|                              |                               |
|------------------------------|-------------------------------|
| Approved By                  | Adrinne Rose                  |
| Resident Name                | Express Corporate Housing LLC |
| Forwarding Mailing Address   | Not Available                 |
| Date Resident Turned in Keys | 06-22-2022                    |

| Damage Summary            |                   |              |               |          |
|---------------------------|-------------------|--------------|---------------|----------|
| Main Category             | Sub Category      | Charges Type | Note          | Charges  |
| CARPET                    | Shampoo 2 Bedroom | Replace      | Carpet damage | \$609.00 |
| Additional Damage Charges |                   |              |               |          |
| Total Charges             |                   |              |               | \$609.00 |

| 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 |
| Cabinets:                                                                                     | 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 |
| Refrigerator (Freezer):                                                                       | 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 |

|                                                            |    |
|------------------------------------------------------------|----|
| <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:        | Not Ok                                 |
| Charges Type              | Replace                                |
| Charges                   |                                        |
| Comment                   | Not sure what the stains are maybe wax |



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

Light Globes:

Ok

Mini Blind(s) each:

Ok

Outside Lights:

Ok

Phone Jack:

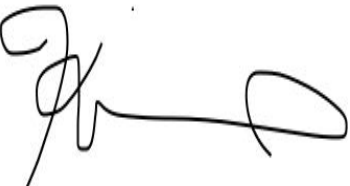
Ok

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                                                                                                                                                                                                                             |             |
| <div style="height: 200px; border: 1px solid black;"></div>                                                                                                                                                                          |             |
| Lindy Community Representative Name                                                                                                                                                                                                  | Dave Kimmel |
| <div style="height: 150px; border: 1px solid black;">   </div> |             |
| Technician                                                                                                                                                                                                                           | Dave Kimmel |

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
| Resident refused Signature           | NO  |