



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property             | Units |
|-----------------|-------------|----------------------|-------|
| 06-30-2025      | Jeff Wilson | 450 Green Apartments | J206  |

|                                                                                 |                                           |
|---------------------------------------------------------------------------------|-------------------------------------------|
| Approved By                                                                     | Jeff Wilson                               |
| Resident Name                                                                   | Karen Clymer                              |
| Forwarding Mailing Address                                                      | 15 Oakplace Court W Harleysville PA 19438 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 06-30-2025                                |

| Damage Summary            |                                    |              |      |         |
|---------------------------|------------------------------------|--------------|------|---------|
| Main Category             | Sub Category                       | Charges Type | Note | Charges |
| MISCELLANEOUS             | Was personal property left behind? |              |      | \$0     |
| MISCELLANEOUS             | Was the resident locked out?       |              |      | \$0     |
| Additional Damage Charges |                                    |              |      |         |
| 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         |
| <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         |
| Is there a FireAvert red box, plug, and solenoid?: | Ok         |
| Date of Installation                               | 2024-06-30 |
| 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 |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper:         | Ok |
| Stove Knob:             | 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     |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok     |
| If there are sprinkler heads, are they painted?:                                             | Yes    |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | Yes    |
| 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?:                                                                | Not Ok |
| Charges Type                                                                                 |        |
| Charges                                                                                      | 0      |
| 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 |  |
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|                                     |             |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Jeff Wilson |
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|            |             |
|------------|-------------|
| Technician | Jeff Wilson |
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|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|