



## Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 06-30-2025      | William Steever | Park at Westminster | C53   |

|                                                                                 |                                       |
|---------------------------------------------------------------------------------|---------------------------------------|
| Approved By                                                                     | Ketty Bailey                          |
| Resident Name                                                                   | Jack Reese                            |
| Forwarding Mailing Address                                                      | 2310 Birch Street , Easton , PA 18042 |
| 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  |
| LIVING ROOM               | Walls / Outlets                    | Repair       |                                                   | \$0      |
| CARPET                    | Replace Carpet 1 Bedroom           | Replace      | carpets dirty and need shampoo and stain cleaner  | \$150    |
| CARPET                    | Replace Carpet 2 Bedroom           | Replace      | carpets dirty and needs shampoo and stain cleaner | \$150    |
| MISCELLANEOUS             | Was personal property left behind? |              |                                                   | \$0      |
| Additional Damage Charges |                                    |              |                                                   |          |
| Total Charges             |                                    |              |                                                   | \$300.00 |

| LIVING ROOM:       |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Other:             | Ok     |
| Walls / Outlets:   | Not Ok |
| Charges Type       | Repair |
| Charges            |        |

|                                                                                   |                                     |
|-----------------------------------------------------------------------------------|-------------------------------------|
| Comment                                                                           | Accent wall no first coat of paint. |
|  |                                     |
| 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 |
| Is there a FireAvert red box, plug, and solenoid?: | 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 |
| 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 |

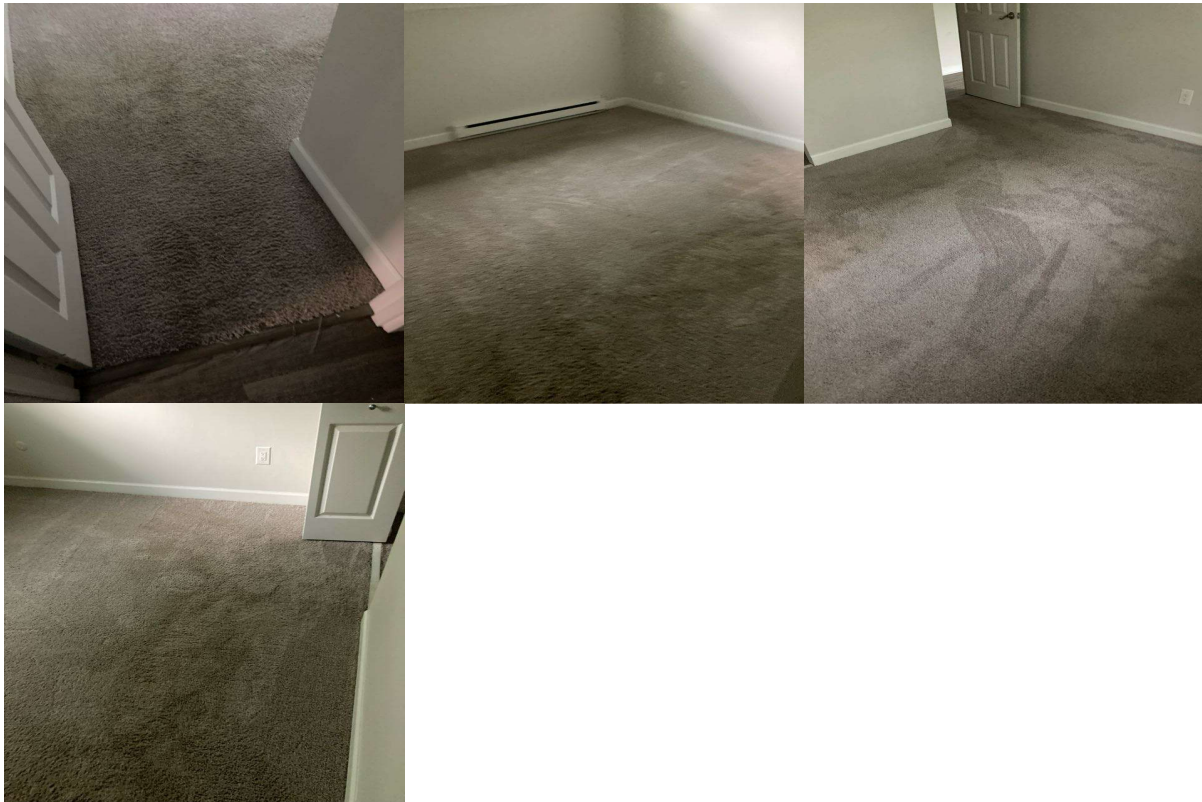
|                  |  |
|------------------|--|
| <b>PAINTING:</b> |  |
|------------------|--|

|                               |    |
|-------------------------------|----|
| 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: | Not Ok                          |
| Charges Type              | Replace                         |
| Charges                   |                                 |
| Comment                   | Master bedroom smells like pets |



|                           |                                      |
|---------------------------|--------------------------------------|
| Replace Carpet 2 Bedroom: | Not Ok                               |
| Charges Type              | Replace                              |
| Charges                   |                                      |
| Comment                   | Hall bedroom carpet smells like pets |



|                    |    |
|--------------------|----|
| 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 |
| 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  |
| 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> <div>Lindy Community Representative Name</div> <div>William Steever</div> </div> |  |

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, likely representing the name William Steever.

Technician

William Steever

Resident not available for signature

YES