

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|------------------------|-------------|----------------------|-------|
| 07-01-2024 | Jeff Wilson | 450 Green Apartments | E300 |

| Approved By | Jeff Wilson |
|------------------------------|-----------------|
| Resident Name | Santiago Tacuba |
| Forwarding Mailing Address | Non given |
| Date Resident Turned in Keys | 07-01-2024 |

| Damage Summary | | | | |
|------------------------|------------------------------------|--------------|---------------------------------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Refrigerator (Freezer) | Cleaning Refrigerator | Clean | | \$60.00 |
| BEDROOMS | Floors / Carpet | Replace | replace carpet | \$365.00 |
| BEDROOMS | Walls / Outlets | Repair | holes in wall | \$40.00 |
| BATHROOM | Soad Dish (Tub) | Replace | | \$25.00 |
| BATHROOM | Tub Reglazing | Repair | tub glaze from rubber mat | \$250.00 |
| KEYS | Failure To Return Mailbox Key | Replace | no key | \$50.00 |
| MISCELLANEOUS | Was personal property left behind? | | | \$0.00 |
| Additional Damage C | harges | | | |
| | _ | | Total Charges | \$790.00 |

| LIVING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Ok |

| Window: | Ok | | |
|-------------------------------|----|----|----|
| Window coverings: | Ok | | |
| DINING ROOM: | | | |
| Ceilings / Lights: | 0 |)k | |
| Walls / Outlets: | 0 |)k | |
| Window: | 0 |)k | |
| Window coverings: | 0 |)k | |
| KITCHEN: | | | |
| Backsplash: | | | Ol |
| Cabinets: | | | |
| Cabinet Door: | Ok | | |
| Cabinets: | | | |
| Cabinet Handle: | Ol | k | |
| Cabinets: | | | |
| Cabinet Shelf: | Ok | | |
| Ceiling Light Fixture: | | | Ol |
| Ceiling Lights: | | | Ol |
| Cleaning of Stove: | | | Ol |
| Counter Top: | | | Ol |
| Dishwasher: | | | |
| Dishwasher Knob: | | Ok | |
| Dishwasher: | | | |
| Dishwasher Rack: | | Ok | |
| Dishwasher: | | | |
| Dishwasher Silverware Holder: | | Ok | |
| Drip Pan: | | | Ol |
| Electric Meter: | | | Ol |
| Faucet: | | | Ol |
| Faucet Knobs: | | | Oł |

| Floors: | | Ol | |
|----------------------------------|----|----|--|
| Formica/Tiles: Garbage Disposal: | | Ok | |
| | | Ok | |
| Kitchen Sink: | | Ol | |
| Microwave: | | Ok | |
| Other: | | Ol | |
| Oven / Range: | | | |
| Oven Cleaning: | Ok | | |
| Oven / Range: | | | |
| Oven door handle: | Ok | | |
| Oven / Range: | | | |
| Oven drip pan: | Ok | | |
| Oven / Range: | | | |
| Oven knobs: | Ok | | |
| Oven / Range: | | | |
| Oven Racks: | Ok | | |
| Oven / Range: | | | |
| Range burners: | Ok | | |
| Oven / Range: | | | |
| Range Hood: | Ok | | |
| Oven Door Handle: | | O | |
| Oven Racks: | | 0 | |
| Range Top: | | Οl | |

| Refrigerator (Freezer): | |
|-------------------------|--------|
| Cleaning Refrigerator: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| Refrigerator (Freezer): | |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer): | |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer): | | |
|-------------------------------------|----|----|
| Refrigerator Crisper Glass/Plastic: | Ok | |
| Rubber Stopper: | | 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace carpet |



| Other: | Ok |
|------------------|---------------|
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Holes in wall |



| 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): | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Broken |



| Soap Dish (Sink): | Ok |
|----------------------|------------|
| Toilet Paper Holder: | Ok |
| Toilet Tank: | Ok |
| Towel Bar: | Ok |
| Tub Knob(s): | Ok |
| Tub Reglazing: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Rubber mat |



| Vanity Cabinet: | Ok | |
|------------------|-----|--|
| value y sability | 011 | |

| 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | No key |

| DOORS: | |
|--------------------------------------|----|
| Apartment Door: | Ok |
| Apartment Door closes automatically: | 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: | |
|---------------------------|----|
| 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 |

| MISCELLANEOUS: | |
|--|------------|
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment: | Ok |
| Carbon Monoxide Detector: | Ok |
| Clear Storage Locker: | Ok |
| Closet Shelves: | Ok |
| Common Area damaged during moveout: | Ok |
| Door Intercom System: | Ok |
| Fan Blades: | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| Date of Installation | 2024-01-03 |
| If there are sprinkler heads, are they painted?: | Yes |
| If there are sprinklers, are the sprinkler pipes painted?: | Yes |
| 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?: | Yes |
|-------------------------------|------------|
| Date of Eviction | 2024-07-01 |
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

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

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

| Lindy Community Representative Name | Jeff Wilson |
|-------------------------------------|-------------|

| Technician | Jeff Wilson |
|--------------------------------------|-------------|
| Resident not available for signature | YES |