



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property       | Units |
|-----------------|--------------|----------------|-------|
| 07-02-2024      | Dudlow Blake | 7400 Roosevelt | A106  |

|                              |               |
|------------------------------|---------------|
| Approved By                  | Auto Approved |
| Resident Name                | Laverne Smith |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | 07-02-2024    |

| Damage Summary            |                              |              |      |           |
|---------------------------|------------------------------|--------------|------|-----------|
| Main Category             | Sub Category                 | Charges Type | Note | Charges   |
| CARPET                    | Replace Carpet 2 Bedroom     | Replace      |      | \$1100.00 |
| MISCELLANEOUS             | Was the resident locked out? |              |      | \$0.00    |
| Additional Damage Charges |                              |              |      |           |
| Total Charges             |                              |              |      | \$1100.00 |

| 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 |
| 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 |

| <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>            |         |
| Replace Carpet 2 Bedroom: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



|                                                                                              |  |            |
|----------------------------------------------------------------------------------------------|--|------------|
| <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         |
| Date of Installation                                                                         |  | 2019-07-02 |
| 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?:                                                          |  | Yes        |
| <div> <div>Estimated Value of Personal Property is.</div> <div>\$0</div> </div>              |  |            |
| Was the resident locked out?:                                                                |  | 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 |  |
|----------|--|

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



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