



## Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 07-07-2021      | Nancy Benner | Joshua House | C0106 |

|                              |                                                |
|------------------------------|------------------------------------------------|
| Resident Name                | Vincent Graham                                 |
| Forwarding Mailing Address   | 201 Old York Road Unit 468 Jenkintown Pa 19046 |
| Date Resident Turned in Keys | 07-07-2021                                     |

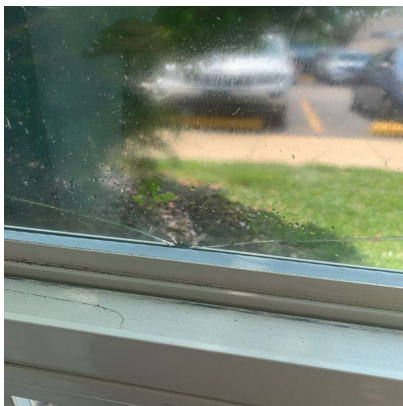
| Damage Summary            |                               |              |                                              |          |
|---------------------------|-------------------------------|--------------|----------------------------------------------|----------|
| Main Category             | Sub Category                  | Charges Type | Note                                         | Charges  |
| Refrigerator (Freezer)    | Cleaning Refrigerator         | Clean        |                                              | \$60.00  |
| LIVING ROOM               | Walls / Outlets               | Replace      | Remove conduit repair outlet patch and paint | \$50.00  |
| LIVING ROOM               | Window                        | Repair       |                                              | \$0.00   |
| KITCHEN                   | Cleaning of Stove             | Clean        |                                              | \$60.00  |
| BEDROOMS                  | Walls / Outlets               | Repair       | Remove conduit repair outlet patch and paint | \$50.00  |
| BATHROOM                  | Cleaning Bathroom             | Clean        |                                              | \$75.00  |
| MISCELLANEOUS             | Cleaning of Apartment         | Clean        |                                              | \$100.00 |
| MISCELLANEOUS             | Remove Debris (Per Bag)       | Clean        | Removal of trash 3 bags                      | \$75.00  |
| MISCELLANEOUS             | Sliding Mirror/Glass Door (2) | Replace      |                                              | \$200.00 |
| Additional Damage Charges |                               |              |                                              |          |
| Total Charges             |                               |              |                                              | \$670.00 |

|                     |    |
|---------------------|----|
| <b>LIVING ROOM:</b> |    |
| Other:              | Ok |

|                  |                                                   |
|------------------|---------------------------------------------------|
| Walls / Outlets: | Not Ok                                            |
| Charges Type     | Replace                                           |
| Charges          |                                                   |
| Comment          | Resident installed conduit/switch on wall/ceiling |



|              |                                          |
|--------------|------------------------------------------|
| Window:      | Not Ok                                   |
| Charges Type | Repair                                   |
| Charges      |                                          |
| Comment      | Rock from landscape cracked large window |



|                   |    |
|-------------------|----|
| Window coverings: | Ok |
|-------------------|----|

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| KITCHEN:               |    |
|------------------------|----|
| Backsplash:            | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |

|                    |             |
|--------------------|-------------|
| Ceiling Lights:    | Ok          |
| Cleaning of Stove: | Not Ok      |
| Charges Type       | Clean       |
| Charges            |             |
| Comment            | Not cleaned |



|                   |    |
|-------------------|----|
| Drip Pan:         | Ok |
| Faucet:           | Ok |
| Faucet Knobs:     | Ok |
| Fire Stops:       | Ok |
| Floors:           | Ok |
| Formica/Tiles:    | Ok |
| Garbage Disposal: | Ok |
| Kitchen Sink:     | Ok |
| Microwave:        | Ok |
| Other:            | Ok |
| Oven Door Handle: | Ok |
| Oven Racks:       | Ok |
| Range Top:        | Ok |

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



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

|                   |    |
|-------------------|----|
| Rubber Stopper:   | Ok |
| Stove Knob:       | Ok |
| Wall Outlets:     | Ok |
| Washer/Dryer:     | Ok |
| Window Coverings: | Ok |

| BEDROOMS:          |                                               |
|--------------------|-----------------------------------------------|
| Ceilings / Lights: | Ok                                            |
| Door / Closet:     | Ok                                            |
| Floors / Carpet:   | Ok                                            |
| Other:             | Ok                                            |
| Walls / Outlets:   | Not Ok                                        |
| Charges Type       | Repair                                        |
| Charges            |                                               |
| Comment            | Resident installed conduit/ ceiling and walls |



|                   |    |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

| BATHROOM:          |           |
|--------------------|-----------|
| Cabinets / Mirror: | Ok        |
| Ceiling Lights:    | Ok        |
| Cleaning Bathroom: | Not Ok    |
| Charges Type       | Clean     |
| Charges            |           |
| Comment            | Not clean |



|                                                            |    |
|------------------------------------------------------------|----|
| Complete Toilet:                                           | Ok |
| Counter Top:                                               | Ok |
| Formica /Tile:                                             | Ok |
| Is there signs of moisture from outside in the apartment?: | 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 |
| 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 |

| MISCELLANEOUS:                  |           |
|---------------------------------|-----------|
| Broken Window Glass (Per Pane): | Ok        |
| Cabinet Equipment:              | Ok        |
| Carbon Monoxide Detector:       | Ok        |
| Cleaning of Apartment:          | Not Ok    |
| Charges Type                    | Clean     |
| Charges                         |           |
| Comment                         | Not clean |

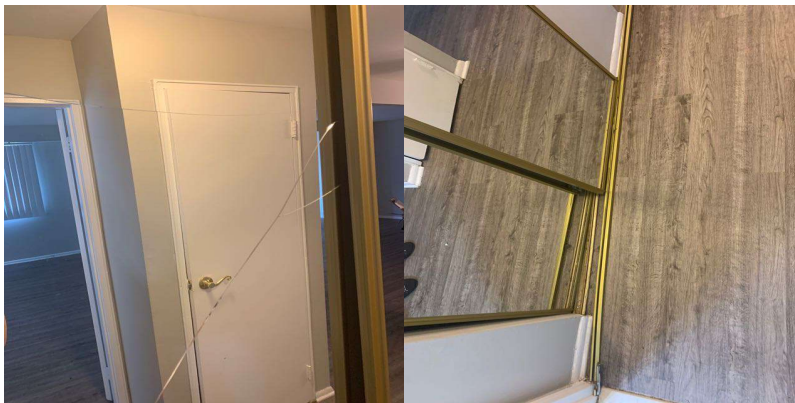


|                                                                                              |    |
|----------------------------------------------------------------------------------------------|----|
| Clear Storage Locker:                                                                        | 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): | Not Ok |
| Charges Type             | Clean  |
| Charges                  |        |
| Comment                  | 3 bags |



|                                |                     |
|--------------------------------|---------------------|
| Sliding Mirror/Glass Door (2): | Not Ok              |
| Charges Type                   | Replace             |
| Charges                        |                     |
| Comment                        | Broken must replace |



|                                          |    |
|------------------------------------------|----|
| 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 |  |
|----------|--|

|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Nancy Benner |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Nancy Benner |
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |