



## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property      | Units |
|-----------------|----------------|---------------|-------|
| 07-13-2022      | Felicia Howell | Regency House | 109   |

|                              |                                     |
|------------------------------|-------------------------------------|
| Approved By                  | Felicia Howell                      |
| Resident Name                | Jon Young                           |
| Forwarding Mailing Address   | 910 Cheltenham Ave. Phila. Pa 19138 |
| Date Resident Turned in Keys | 07-12-2022                          |

| Damage Summary            |                         |              |                         |          |
|---------------------------|-------------------------|--------------|-------------------------|----------|
| Main Category             | Sub Category            | Charges Type | Note                    | Charges  |
| Refrigerator (Freezer)    | Cleaning Refrigerator   | Replace      |                         | \$0.00   |
| BATHROOM                  | Remove Mildew on Tiles  | Clean        |                         | \$100.00 |
| MISCELLANEOUS             | Removal Of Bulk Items   | Replace      |                         | \$50.00  |
| MISCELLANEOUS             | Remove Debris (Per Bag) | Clean        | Remove Debris (Per Bag) | \$600.00 |
| Additional Damage Charges |                         |              |                         |          |
| Total Charges             |                         |              |                         | \$750.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| New Bathroom                       |
| plank                              |
| Quartz                             |
| Gray Kitchen                       |

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

|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

|                     |    |
|---------------------|----|
| <b>DINING ROOM:</b> |    |
| 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 |
| 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): |         |
|-------------------------|---------|
| Cleaning Refrigerator:  | Not Ok  |
| Charges Type            | Replace |
| Charges                 |         |
| Comment                 | Replace |



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

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

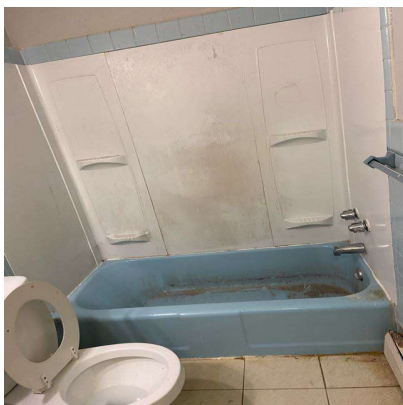
| Refrigerator (Freezer):             |    |
|-------------------------------------|----|
| Refrigerator Crisper Glass/Plastic: | Ok |

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| 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:  | 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:                                    | Not Ok |
| Charges Type                                               | Clean  |
| Charges                                                    |        |
| Comment                                                    | Clean  |



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

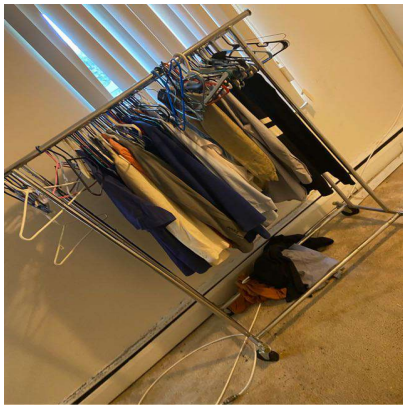
|                |    |
|----------------|----|
| <b>CARPET:</b> |    |
| Burns:         | Ok |

|                           |    |
|---------------------------|----|
| 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      |
| 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:                                                                       | Not Ok  |
| Charges Type                                                                                 | Replace |
| Charges                                                                                      |         |
| Comment                                                                                      | Remove  |



|                          |                |
|--------------------------|----------------|
| Remove Debris (Per Bag): | Not Ok         |
| Charges Type             | Clean          |
| Charges                  |                |
| Comment                  | Remove clothes |



|                                          |    |
|------------------------------------------|----|
| 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 |
| 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                                                | Felicia Howell |
|  |                |
| Technician                                                                         | Felicia Howell |
| Resident not available for signature                                               | YES            |
| Resident refused Signature                                                         | NO             |