



## Move Out Inventory & Condition Form

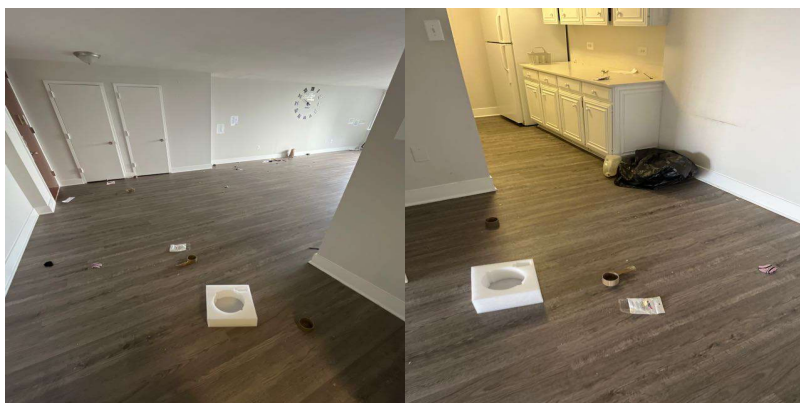
| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 07-24-2023      | Josh Kozich | Towers at Wyncote | 0621-3 |

|                              |                |
|------------------------------|----------------|
| Approved By                  | Joyce Zamorski |
| Resident Name                | Jun Ham        |
| Forwarding Mailing Address   | none left      |
| Date Resident Turned in Keys | 07-24-2023     |

| Damage Summary                   |                       |              |                       |          |
|----------------------------------|-----------------------|--------------|-----------------------|----------|
| Main Category                    | Sub Category          | Charges Type | Note                  | Charges  |
| Refrigerator (Freezer)           | Cleaning Refrigerator | Clean        |                       | \$60.00  |
| LIVING ROOM                      | Plank Flooring        | Clean        | cleaning of apartment | \$100.00 |
| KITCHEN                          | Cleaning of Stove     | Clean        |                       | \$60.00  |
| KITCHEN                          | Counter Top           | Clean        |                       | \$0.00   |
| BEDROOMS                         | Other                 | Clean        |                       | \$0.00   |
| BATHROOM                         | Cleaning Bathroom     | Clean        |                       | \$75.00  |
| BATHROOM                         | Counter Top           | Clean        |                       | \$0.00   |
| <b>Additional Damage Charges</b> |                       |              |                       |          |
| trash out                        |                       |              |                       | \$50.00  |
| Total Charges                    |                       |              |                       | \$345.00 |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Ceilings / Lights:  | Ok     |
| Door / Closet:      | Ok     |
| Other:              | Ok     |
| Plank Flooring:     | Not Ok |
| Charges Type        | Clean  |

|         |       |
|---------|-------|
| Charges |       |
| Comment | Clean |



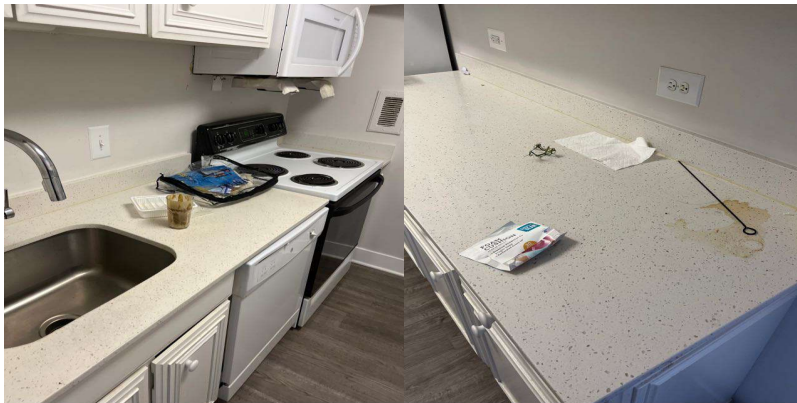
|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | 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:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



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



|                   |    |
|-------------------|----|
| 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            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



| 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:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |

| Comment                                                                             |  | Clean  |
|-------------------------------------------------------------------------------------|--|--------|
|    |  |        |
| Plank Flooring:                                                                     |  | Ok     |
| Walls / Outlets:                                                                    |  | Ok     |
| Window:                                                                             |  | Ok     |
| Window coverings:                                                                   |  | Ok     |
| <b>BATHROOM:</b>                                                                    |  |        |
| Cabinets / Mirror:                                                                  |  | Ok     |
| Ceiling Lights:                                                                     |  | Ok     |
| Cleaning Bathroom:                                                                  |  | Not Ok |
| Charges Type                                                                        |  | Clean  |
| Charges                                                                             |  |        |
| Comment                                                                             |  | Clean  |
|  |  |        |
| Complete Toilet:                                                                    |  | Ok     |
| Counter Top:                                                                        |  | Not Ok |
| Charges Type                                                                        |  | Clean  |
| Charges                                                                             |  |        |
| Comment                                                                             |  | Clean  |



|                                                            |    |
|------------------------------------------------------------|----|
| Floors:                                                    | Ok |
| Formica /Tile:                                             | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:                                          | Ok |
| Mirror Cabinet:                                            | Ok |
| Other:                                                     | Ok |
| Plank Flooring:                                            | 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: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

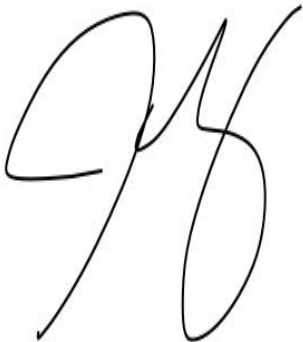
|                                 |    |
|---------------------------------|----|
| <b>MISCELLANEOUS:</b>           |    |
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment:              | Ok |
| Carbon Monoxide Detector:       | Ok |
| Cleaning of Apartment:          | Ok |
| Clear Storage Locker:           | Ok |
| Closet Shelves:                 | Ok |

|                                                                                              |            |
|----------------------------------------------------------------------------------------------|------------|
| Common Area damaged during moveout:                                                          | Ok         |
| Door Intercom System:                                                                        | Ok         |
| Exhaust Fan:                                                                                 | Ok         |
| Fan Blades:                                                                                  | Ok         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok         |
| Date of Installation                                                                         | 2022-02-24 |
| 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         |
| 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                                               | Josh Kozich |
|  |             |
| Technician                                                                        | Josh Kozich |
| Resident not available for signature                                              | NO          |