

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|----------|--------|
| 08-07-2023 | Noel Nation | Enclaves | 3938B3 |

| Approved By | Melissa Verdon |
|------------------------------|----------------|
| Resident Name | Kelly Nguyen |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | 08-07-2023 |

| Damage Summary | | | | |
|---------------------------|-------------------------|--------------|-----------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Oven / Range | Oven Cleaning | Repair | | \$0.00 |
| Refrigerator (Freezer) | Cleaning Refrigerator | Repair | | \$0.00 |
| MISCELLANEOUS | Removal Of Bulk Items | Repair | | \$0.00 |
| MISCELLANEOUS | Remove Debris (Per Bag) | Repair | trash out | \$150.00 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$150.00 |

| 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 | | |
| KITCHEN: | | | | |
| Backsplash: | | | | Ok |
| Cabinets: | | | | |
| Cabinet Door: | | Ok | | |
| | | 1 | | |
| Cabinets: | | | | |
| Cabinet Handle: | | Ok | | |
| Cabinets: | | | | |
| Cabinet Shelf: | | Ok | | |
| Ceiling Fan: | | | | Ok |
| Ceiling Light Fixture: | | Ok | | |
| Ceiling Lights: | | | | Ok |
| Cleaning of Stove: | | | | Ok |
| Counter Top: | | | | Ok |
| Dishwasher: | | | | |
| Dishwasher Knob: | | Ok | | |
| Dishwasher: | | | | |
| Dishwasher Rack: | | Ok | | |
| Dishwasher: | | | | |
| Dishwasher Silverware Holder: | | | 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: | | | |
| Oven Cleaning: | Not Ok | | |
| Charges Type | Repair | | |
| Charges | | | |
| Comment | Dirty | | |
| | | | |
| Oven / Range: | | | |
| Oven door handle: | | Ok | |
| Oven / Range: | | | |
| Oven drip pan: | | Ok | |
| Oven / Range: | | | |
| Oven knobs: | | Ok | |
| Oven / Range: | | | |
| Oven Racks: | | Ok | |
| | <u>'</u> | | |
| Oven / Range: | | 01 | |
| Range burners: | | Ok | |
| Oven / Range: | | | |
| Range Hood: | | Ok | |
| Oven Door Handle: | | | Ok |
| Oven Racks: | | | Ok |
| Range Top: | | | Ok |

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



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

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

| R | efrigerator (Freezer): | | |
|-----|------------------------------------|----|----|
| Re | efrigerator Crisper Glass/Plastic: | Ok | |
| Dul | hhar Stannar | | 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

| 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): | 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 |

| 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: | Ok |

| 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 |
| 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 | 2023-08-07 |
| Light Globes: | Ok |
| Mini Blind(s) each: | Ok |
| Outside Lights: | Ok |
| Phone Jack: | Ok |
| Rallings: | Ok |
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Mattress |



| Remove Debris (Per Bag): | Not Ok |
|--------------------------|--------|
| Charges Type | Repair |
| Charges | |
| Comment | Trash |



| 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 |

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

| Resident | |
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| Lindy Community Donne ontative Name |
|-------------------------------------|
| Lindy Community Representative Name |

Noel Nation

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| Technician | Noel Nation | |
|--------------------------------------|-------------|--|
| Resident not available for signature | YES | |