



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 08-07-2024      | Josh Kozich | Towers at Wyncote | 0214-3 |

|                              |                                    |
|------------------------------|------------------------------------|
| Approved By                  | Joyce Zamorski                     |
| Resident Name                | Nchedochukwu Akpunonu              |
| Forwarding Mailing Address   | 2345 Otts Rd., Pennsburg, PA 18073 |
| Date Resident Turned in Keys | 08-06-2024                         |

| Damage Summary            |                              |              |                                 |          |
|---------------------------|------------------------------|--------------|---------------------------------|----------|
| Main Category             | Sub Category                 | Charges Type | Note                            | Charges  |
| Refrigerator (Freezer)    | Cleaning Refrigerator        | Clean        |                                 | \$60.00  |
| KITCHEN                   | Cleaning of Stove            | Clean        | cleaning of stove top           | \$25.00  |
| KITCHEN                   | Counter Top                  | Clean        | cleaning of kitchen counter top | \$5.00   |
| KITCHEN                   | Microwave                    | Clean        | Cleaning of microwave           | \$10.00  |
| BATHROOM                  | Cleaning Bathroom            | Clean        | cleaning of tub                 | \$10.00  |
| MISCELLANEOUS             | Was the resident locked out? |              |                                 | \$0.00   |
| Additional Damage Charges |                              |              |                                 |          |
| Total Charges             |                              |              |                                 | \$110.00 |

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

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



|                   |    |
|-------------------|----|
| 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:             | Ok |
| 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:                                               | 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 |
| 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 |
| 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 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 | Josh Kozich |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Josh Kozich |
| Resident not available for signature | NO          |