



## Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|------------|----------|-------|
| 08-07-2025      | Dawn Buck  | Eola     | 303   |

|   |  |
|---|--|
| Approved By   | Dawn Buck                                  |
| Resident Name   | Keyonie Braswell                           |
| Forwarding Mailing Address  | 5310 N. 10th Street Philadelphia, PA 19141 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 08-07-2025                                 |

| Damage Summary            |                                    |              |               |         |
|---------------------------|------------------------------------|--------------|---------------|---------|
| Main Category             | Sub Category                       | Charges Type | Note          | Charges |
| KITCHEN                   | Cleaning of Stove                  | Clean        |               | \$60    |
| MISCELLANEOUS             | Remove Debris (Per Bag)            | Clean        | 1 bag at \$25 | \$25    |
| MISCELLANEOUS             | Was personal property left behind? |              |               | \$0     |
| MISCELLANEOUS             | Was the resident locked out?       |              |               | \$0     |
| Additional Damage Charges |                                    |              |               |         |
| Total Charges             |                                    |              |               | \$85.00 |

| 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 |

|                        |        |
|------------------------|--------|
| <b>KITCHEN:</b>        |        |
| Backsplash:            | Ok     |
| Cabinets:              | Ok     |
| Ceiling Fan:           | N/A    |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Dirty  |



|  |            |
|--|------------|
| Counter Top:                                       | Ok         |
| Dishwasher:  | Ok         |
| Drip Pan:  | Ok         |
| Electric Meter:                                    | Ok         |
| Faucet:  | Ok         |
| Faucet Knobs:                                      | Ok         |
| Floors:  | Ok         |
| Formica/Tiles:                                     | Ok         |
| Garbage Disposal:                                  | Ok         |
| Is there a FireAvert red box, plug, and solenoid?: | Ok         |
| Date of Installation                               | 2025-03-30 |
| Kitchen Sink:                                      | Ok         |

|                         |     |
|-------------------------|-----|
| Microwave:              | Ok  |
| Other:                  | N/A |
| Oven / Range:           | Ok  |
| Oven Door Handle:       | Ok  |
| Oven Racks:             | Ok  |
| Range Top:              | Ok  |
| Refrigerator (Freezer): | Ok  |
| Rubber Stopper:         | Ok  |
| Stove Knob:             | Ok  |
| Wall Outlets:           | N/A |
| Washer/Dryer:           | N/A |
| Window Coverings:       | N/A |

| <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:                                    | 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 |

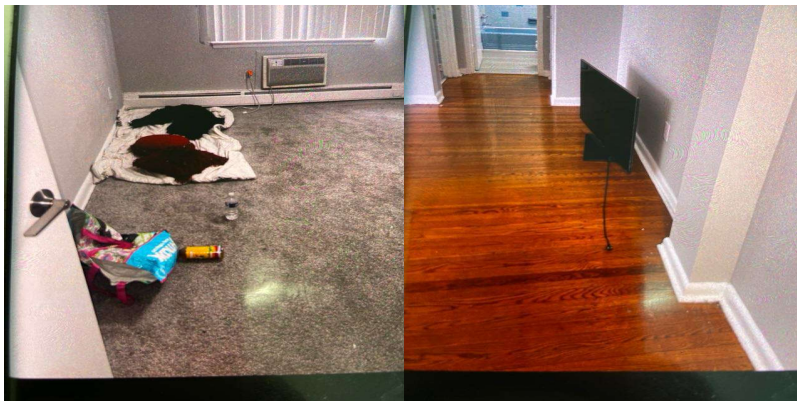
|                                      |    |
|--------------------------------------|----|
| <b>DOORS:</b>                        |    |
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | 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 |

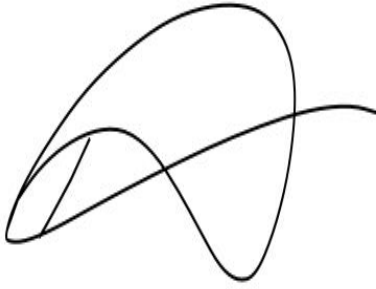
| MISCELLANEOUS:   |                                |
|--|--------------------------------|
| Broken Window Glass (Per Pane):  | Ok                             |
| Cabinet Equipment:   | Ok                             |
| Carbon Monoxide Detector:  | Ok                             |
| Cleaning of Apartment:   | Ok                             |
| Clear Storage Locker:  | N/A                            |
| 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:  | N/A                            |
| Phone Jack:  | Ok                             |
| Rallings:  | N/A                            |
| Removal Of Bulk Items:   | Ok                             |
| Remove Debris (Per Bag):   | Not Ok                         |
| Charges Type   | Clean                          |
| Charges  |                                |
| Comment  | 1 large bag trash left<br>\$25 |



|  |        |
|--|--------|
| 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 personal property left behind?:      | No     |
| Charges Type                             |        |
| Charges                                  | 0      |
| Was the resident locked out?:            | Not Ok |
| 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                             |           |
| <div> <div></div> <div></div> </div> |           |
| Lindy Community Representative Name  | Dawn Buck |

A handwritten signature in black ink, consisting of a large, loopy 'A' shape with a horizontal line extending to the right.

Technician

Dawn Buck

Resident not available for signature

YES