

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|----------------|----------------------|-------|
| 08-10-2021 | Stephen Cicala | 450 Green Apartments | N300 |

| Approved By | Auto Approved |
|------------------------------|---|
| Resident Name | Tanya Rojas |
| Forwarding Mailing Address | 313 Fornance Street, Apt. 1, Norristown, PA 19401 |
| Date Resident Turned in Keys | 08-09-2021 |

| Damage Summary | | | | |
|---------------------------|-----------------------------|--------------|-----------|-----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| LIVING ROOM | Walls / Outlets | Repair | | \$0.00 |
| DINING ROOM | Walls / Outlets | Repair | | \$0.00 |
| KITCHEN | Floors | Repair | | \$0.00 |
| KITCHEN | Other | Repair | | \$0.00 |
| BEDROOMS | Floors / Carpet | Replace | | \$0.00 |
| BEDROOMS | Walls / Outlets | Repair | | \$0.00 |
| BATHROOM | Tub Reglazing | Repair | | \$0.00 |
| PAINTING | Over Dark Colors (Per Room) | Repair | | \$150.00 |
| CARPET | Replace Carpet 2 Bedroom | Replace | | \$1100.00 |
| Additional Damage Charges | | | | |
| Total Charges | | | \$1250.00 | |

| LIVING ROOM: | |
|--------------------|--------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |

| Charges | |
|---------|----------|
| Comment | Coloring |



| Window: | Ok | |
|-------------------|----|--|
| Window coverings: | Ok | |

| DINING ROOM: | |
|--------------------|----------|
| Ceilings / Lights: | Ok |
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Coloring |



| Window: | Ok | |
|-------------------|----|--|
| Window coverings: | Ok | |

| KITCHEN: | | |
|---------------|----|----|
| Backsplash: | Ok | |
| Cabinets: | | |
| Cabinet Door: | | Ok |

| Cabinets: | |
|-----------------|----|
| Cabinet Handle: | Ok |

| Capmers: | | |
|------------------------|----|----|
| 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 Silverware Holder: | | Ok |
|-------------------------------|--------------|----|
| Drip Pan: | Ok | |
| Electric Meter: | Ok | |
| Faucet: | Ok | |
| Faucet Knobs: | Ok | |
| Fire Stops: | Ok | |
| Floors: | Not Ok | |
| Charges Type | Repair | |
| Charges | | |
| Comment | Gap in plank | |



Dishwasher:

| Formica/Tiles: | Ok |
|-------------------|----------|
| Garbage Disposal: | Ok |
| Kitchen Sink: | Ok |
| Microwave: | Ok |
| Other: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Coloring |



| Oven / Range: | |
|----------------|----|
| Oven Cleaning: | Ok |

| Oven / Range: | |
|-------------------|----|
| Oven door handle: | Ok |

| Oven / Range: | |
|----------------|----|
| Oven drip pan: | Ok |

| Oven / Range: | |
|---------------|----|
| Oven knobs: | Ok |

| Oven / Range: | |
|---------------|----|
| Oven Racks: | Ok |

| Oven / Range: | |
|----------------|----|
| Range burners: | Ok |

| Oven / Range: | |
|---------------|----|
| Range Hood: | Ok |

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

| BEDROOMS: | |
|--------------------|---------------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Red stains in 2nd bedroom |



| Other: | Ok |
|------------------|-----------|
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Colorings |



| 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: | Not Ok |
| Charges Type | Repair |

| Charges | |
|---------|---------------|
| Comment | Needs glazing |



| 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 |
| 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): | Not Ok |
| Charges Type | Repair |

| Charges | |
|---------|-------------------|
| Comment | Coloring on walls |



Wallpaper Removal (Per Room):

Ok

| CARPET: | |
|---------------------------|---------------------------|
| Burns: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Red stains in 2nd bedroom |



| 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 |
| Fire extinguisher: | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| If there are sprinkler heads, are they painted?: | Yes |
| If there are sprinklers, are the sprinkler pipes painted?: | Yes |
| 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 |

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

| Resident | |
|-------------------------------------|----------------|
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| Lindy Community Representative Name | Stephen Cicala |
| Lindy Community Representative Name | Stephen Cicala |
| Lindy Community Representative Name | Stephen Cicala |
| Lindy Community Representative Name | Stephen Cicala |
| Lindy Community Representative Name | Stephen Cicala |

YES

NO

Resident not available for signature

Resident refused Signature