



## Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 08-20-2025      | William Steever | Park at Westminster | C15   |

|                                                                                 |                                              |
|---------------------------------------------------------------------------------|----------------------------------------------|
| Approved By                                                                     | Ketty Bailey                                 |
| Resident Name                                                                   | Robert Bliss                                 |
| Forwarding Mailing Address                                                      | 426 Willowbrook Drive, Norristown , PA 19403 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 08-19-2025                                   |

| Damage Summary            |                                    |              |      |         |
|---------------------------|------------------------------------|--------------|------|---------|
| Main Category             | Sub Category                       | Charges Type | Note | Charges |
| MISCELLANEOUS             | Was personal property left behind? |              |      | \$0     |
| MISCELLANEOUS             | Was the resident locked out?       |              |      | \$0     |
| Additional Damage Charges |                                    |              |      |         |
| Total Charges             |                                    |              |      | \$0.00  |

| 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:                                       | Ok |
| Ceiling Light Fixture:                             | Ok |
| Ceiling Lights:                                    | Ok |
| Cleaning of Stove:                                 | Ok |
| 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 |
| Kitchen Sink:                                      | Ok |
| Microwave:                                         | Ok |
| Other:                                             | Ok |
| Oven / Range:                                      | 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 |

|                  |  |
|------------------|--|
| <b>BEDROOMS:</b> |  |
|------------------|--|

|                    |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| <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 |

| <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        |
| Comment                                                                                      | Installed |
| 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 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 |  |
|----------|--|

|                                     |                 |
|-------------------------------------|-----------------|
| Lindy Community Representative Name | William Steever |
|-------------------------------------|-----------------|



|                                      |                 |
|--------------------------------------|-----------------|
| Technician                           | William Steever |
| Resident not available for signature | YES             |