



## Move Out Inventory & Condition Form

| Inspection Date | Technician | Property      | Units |
|-----------------|------------|---------------|-------|
| 08-22-2023      | Dawn Buck  | Bromley House | B316  |

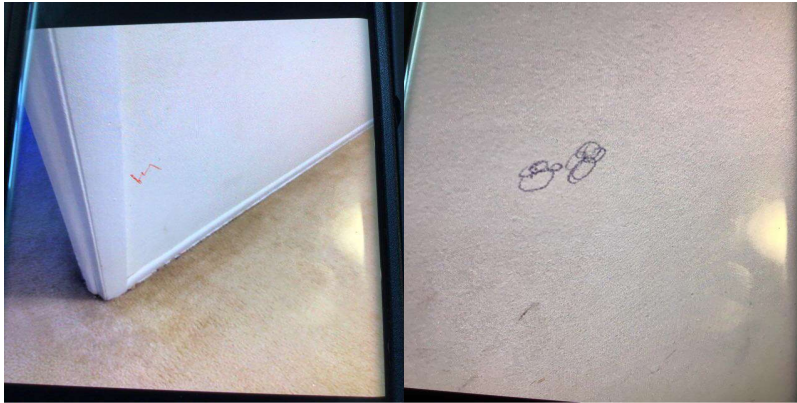
|                              |                 |
|------------------------------|-----------------|
| Approved By                  | Dawn Buck       |
| Resident Name                | Keisha Hamilton |
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | 08-22-2023      |

| Damage Summary            |                       |              |                |          |
|---------------------------|-----------------------|--------------|----------------|----------|
| Main Category             | Sub Category          | Charges Type | Note           | Charges  |
| Refrigerator (Freezer)    | Cleaning Refrigerator | Clean        |                | \$60.00  |
| LIVING ROOM               | Walls / Outlets       | Clean        |                | \$0.00   |
| KITCHEN                   | Cleaning of Stove     | Clean        |                | \$60.00  |
| BEDROOMS                  | Walls / Outlets       | Repair       | Repair drywall | \$40.00  |
| CARPET                    | Stain Removal         | Repair       |                | \$0.00   |
| Additional Damage Charges |                       |              |                |          |
| Total Charges             |                       |              |                | \$160.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| Quartz Countertops                 |

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

|         |                 |
|---------|-----------------|
| Charges |                 |
| Comment | Marker on walls |



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


| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| KITCHEN:               |        |
|------------------------|--------|
| Backsplash:            | 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  |
| 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:            | N/A |
| Oven Door Handle: | Ok  |
| Oven Racks:       | Ok  |
| Range Top:        | Ok  |

|                                |        |
|--------------------------------|--------|
| <b>Refrigerator (Freezer):</b> |        |
| Cleaning Refrigerator:         | Not Ok |
| Charges Type                   | Clean  |
| Charges                        |        |
| Comment                        | Dirty  |

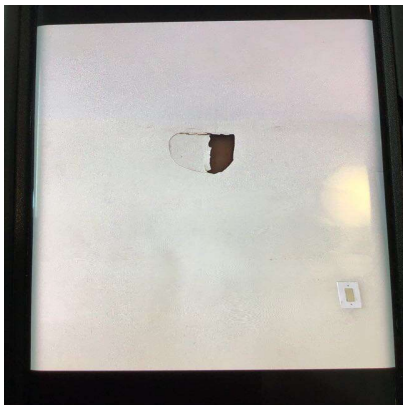


|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Drawers):        | Ok |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Shelf and Bars): | Ok |

|   |     |
|---|-----|
| <b>Refrigerator (Freezer):</b>  |     |
| 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:   | N/A |
| Window Coverings:   | N/A |

|                    |                   |
|--------------------|-------------------|
| <b>BEDROOMS:</b>   |                   |
| Ceilings / Lights: | Ok                |
| Door / Closet:     | Ok                |
| Floors / Carpet:   | Ok                |
| Other:             | Ok                |
| Walls / Outlets:   | Not Ok            |
| Charges Type       | Repair            |
| Charges            |                   |
| Comment            | Huge hole in wall |



|                   |    |
|-------------------|----|
| 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 |

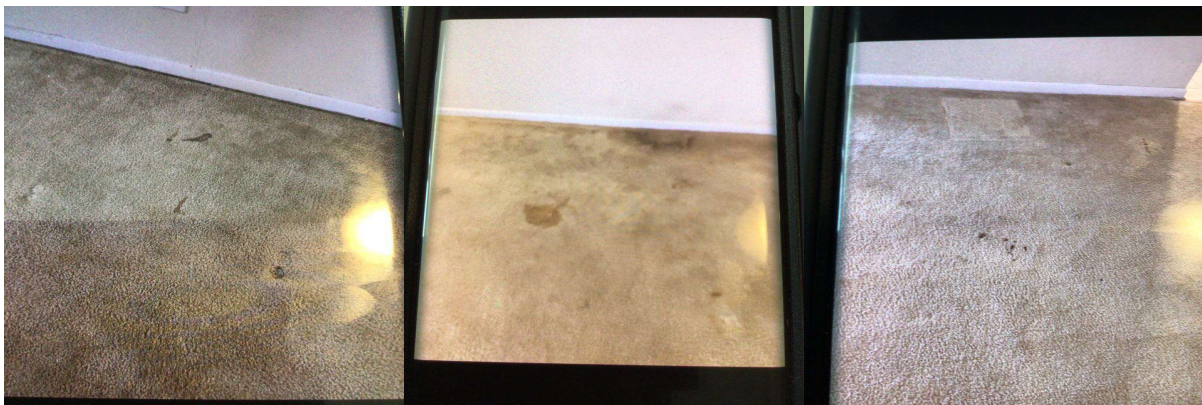
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|----------------------------------|----|
| <b>KEYS:</b>                     |    |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

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

|                     |    |
|---------------------|----|
| Frame:              | Ok |
| Hollow:             | Ok |
| Solid Core & Steel: | Ok |

| 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:            | Not Ok |
| Charges Type              | Repair |
| Charges                   |        |
| Comment                   | Stains |




| 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 |
| 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 |

|  |    |
|--|----|
| <b>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|          |  |
|----------|--|
| Resident |  |
|----------|--|

|   |           |
|---|-----------|
| Lindy Community Representative Name   | Dawn Buck |
|  |           |
| Technician  | Dawn Buck |
| Resident not available for signature  | YES       |