



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property         | Units |
|-----------------|----------------|------------------|-------|
| 08-31-2022      | Herbert Turner | Sedgwick Terrace | A3    |

|                              |               |
|------------------------------|---------------|
| Approved By                  | Auto Approved |
| Resident Name                | Kassidy Brown |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | 08-29-2022    |

| Damage Summary            |                |              |      |          |
|---------------------------|----------------|--------------|------|----------|
| Main Category             | Sub Category   | Charges Type | Note | Charges  |
| BATHROOM                  | Vanity Cabinet | Replace      |      | \$200.00 |
| Additional Damage Charges |                |              |      |          |
| Total Charges             |                |              |      | \$200.00 |

| 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 |

| KITCHEN: |  |
|----------|--|
|----------|--|

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Backsplash:                                                                                   | Ok |
| Cabinets:                                                                                     | Ok |
| Ceiling Fan:                                                                                  | Ok |
| Ceiling Light Fixture:                                                                        | Ok |
| Ceiling Lights:                                                                               | Ok |
| Cleaning of Stove:                                                                            | Ok |
| Counter Top:                                                                                  | Ok |
| <b>Dishwasher:</b>                                                                            |    |
| Dishwasher Knob:                                                                              | Ok |
| <b>Dishwasher:</b>                                                                            |    |
| Dishwasher Rack:                                                                              | Ok |
| <b>Dishwasher:</b>                                                                            |    |
| Dishwasher Silverware Holder:                                                                 | 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:                                                                                        | Ok |
| Oven / Range:                                                                                 | Ok |
| Oven Door Handle:                                                                             | Ok |
| Oven Racks:                                                                                   | Ok |
| Range Top:                                                                                    | Ok |
| Refrigerator (Freezer):                                                                       | 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 |

| <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>                                           |         |
|------------------------------------------------------------|---------|
| Ceiling Lights:                                            | Ok      |
| Cleaning Bathroom:                                         | Ok      |
| Complete Toilet:                                           | Ok      |
| Floors:                                                    | Ok      |
| Is there signs of moisture from outside in the apartment?: | 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      |
| Vanity Cabinet:                                            | Not Ok  |
| Charges Type                                               | Replace |
| Charges                                                    |         |
| Comment                                                    | Warped  |



Wall Outlets:

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

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

### 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 |
| 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                                               | Herbert Turner |
|  |                |
| Technician                                                                        | Herbert Turner |
| Resident not available for signature                                              | YES            |
| Resident refused Signature                                                        | NO             |