



## Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property          | Units  |
|-----------------|---------------|-------------------|--------|
| 09-02-2025      | Joseph Cooper | Towers at Wyncote | 1208-1 |

|   |   |
|---|---|
| Approved By   | Joyce Zamorski                            |
| Resident Name   | Daliya Carter Puriefoy                    |
| Forwarding Mailing Address  | 6222 Limekiln Pike, Philadelphia PA 19141 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 08-31-2025                                |

| Damage Summary            |                          |              |                                   |          |
|---------------------------|--------------------------|--------------|-----------------------------------|----------|
| Main Category             | Sub Category             | Charges Type | Note                              | Charges  |
| Oven / Range              | Oven Cleaning            | Clean        | cleaning of stove and inside oven | \$60     |
| Cabinets                  | Cabinet Door             | Repair       | remove 4 safety locks             | \$20     |
| LIVING ROOM               | Door / Closet            | Repair       | repair closet doors               | \$13     |
| KITCHEN                   | Microwave                | Clean        | Cleaning of microwave             | \$20     |
| KITCHEN                   | Washer/Dryer             | Repair       | clean and repair washer           | \$25     |
| BEDROOMS                  | Door / Closet            | Replace      | replace door handle               | \$90     |
| BEDROOMS                  | Other                    | Clean        | remove shelving unit              | \$30     |
| BATHROOM                  | Cleaning Bathroom        | Clean        | cleaning of tub                   | \$25     |
| BATHROOM                  | Towel Bar                | Replace      |                                   | \$25     |
| BATHROOM                  | Vanity Cabinet           | Clean        | cleaning of vanity cabinet        | \$10     |
| CARPET                    | Replace Carpet 1 Bedroom | Replace      | replace 1 bedroom carpet          | \$300    |
| Additional Damage Charges |                          |              |                                   |          |
| Total Charges             |                          |              |                                   | \$618.00 |

| <b>LIVING ROOM:</b> |                       |
|---------------------|-----------------------|
| Ceilings / Lights:  | Ok                    |
| Door / Closet:      | Not Ok                |
| Charges Type        | Repair                |
| Charges             |                       |
| Comment             | Repair 2 closet doors |



|                   |    |
|-------------------|----|
| Other:            | Ok |
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| <b>DINING ROOM:</b> |    |
|---------------------|----|
| Ceilings / Lights:  | Ok |
| Plank Flooring:     | Ok |
| Walls / Outlets:    | Ok |
| Window:             | Ok |
| Window coverings:   | Ok |

| <b>KITCHEN:</b> |    |
|-----------------|----|
| Backsplash:     | Ok |

| Cabinets:     |                           |
|---------------|---------------------------|
| Cabinet Door: | Not Ok                    |
| Charges Type  | Repair                    |
| Charges       |                           |
| Comment       | Removal of 4 safety locks |



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

| Cabinets:      |    |
|----------------|----|
| 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:                   |    |
|-------------------------------|----|
| Dishwasher Silverware Holder: | 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                               | 2025-09-02 |
| Kitchen Sink:                                      | Ok         |
| Microwave:   | Not Ok     |
| Charges Type                                       | Clean      |
| Charges  |            |
| Comment  | Clean      |



|        |    |
|--------|----|
| Other: | Ok |
|--------|----|

| Oven / Range:  |        |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type   | Clean  |
| Charges        |        |
| Comment        | Clean  |



|                                     |        |
|-------------------------------------|--------|
| <b>Oven / Range:</b>                |        |
| Oven door handle:                   | Ok     |
| <b>Oven / Range:</b>                |        |
| Oven drip pan:                      | Ok     |
| <b>Oven / Range:</b>                |        |
| Oven knobs:                         | Ok     |
| <b>Oven / Range:</b>                |        |
| Oven Racks:                         | Ok     |
| <b>Oven / Range:</b>                |        |
| Range burners:                      | Ok     |
| <b>Oven / Range:</b>                |        |
| Range Hood:                         | Ok     |
| Oven Door Handle:                   | Ok     |
| Oven Racks:                         | Ok     |
| Range Top:                          | Ok     |
| <b>Refrigerator (Freezer):</b>      |        |
| Cleaning Refrigerator:              | Ok     |
| <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     |
| Wall Outlets:                       | Ok     |
| Washer/Dryer:                       | Not Ok |
| Charges Type                        | Repair |

|         |                  |
|---------|------------------|
| Charges |                  |
| Comment | Clean and repair |



|                   |    |
|-------------------|----|
| Window Coverings: | Ok |
|-------------------|----|

|                    |                     |
|--------------------|---------------------|
| <b>BEDROOMS:</b>   |                     |
| Ceilings / Lights: | Ok                  |
| Door / Closet:     | Not Ok              |
| Charges Type       | Replace             |
| Charges            |                     |
| Comment            | Replace door handle |



|                  |              |
|------------------|--------------|
| Floors / Carpet: | Ok           |
| Other:           | Not Ok       |
| Charges Type     | Clean        |
| Charges          |              |
| Comment          | Remove shelf |



|                   |    |
|-------------------|----|
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| <b>BATHROOM:</b>   |        |
|--------------------|--------|
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|  |    |
|--|----|
| 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      |
| Plank Flooring:         | 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:              | Not Ok  |
| Charges Type            | Replace |
| Charges                 |         |
| Comment                 | Replace |



|                 |        |
|-----------------|--------|
| Tub Knob(s):    | Ok     |
| Tub Reglazing:  | Ok     |
| Vanity Cabinet: | Not Ok |
| Charges Type    | Clean  |
| Charges         |        |
| Comment         | Clean  |





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

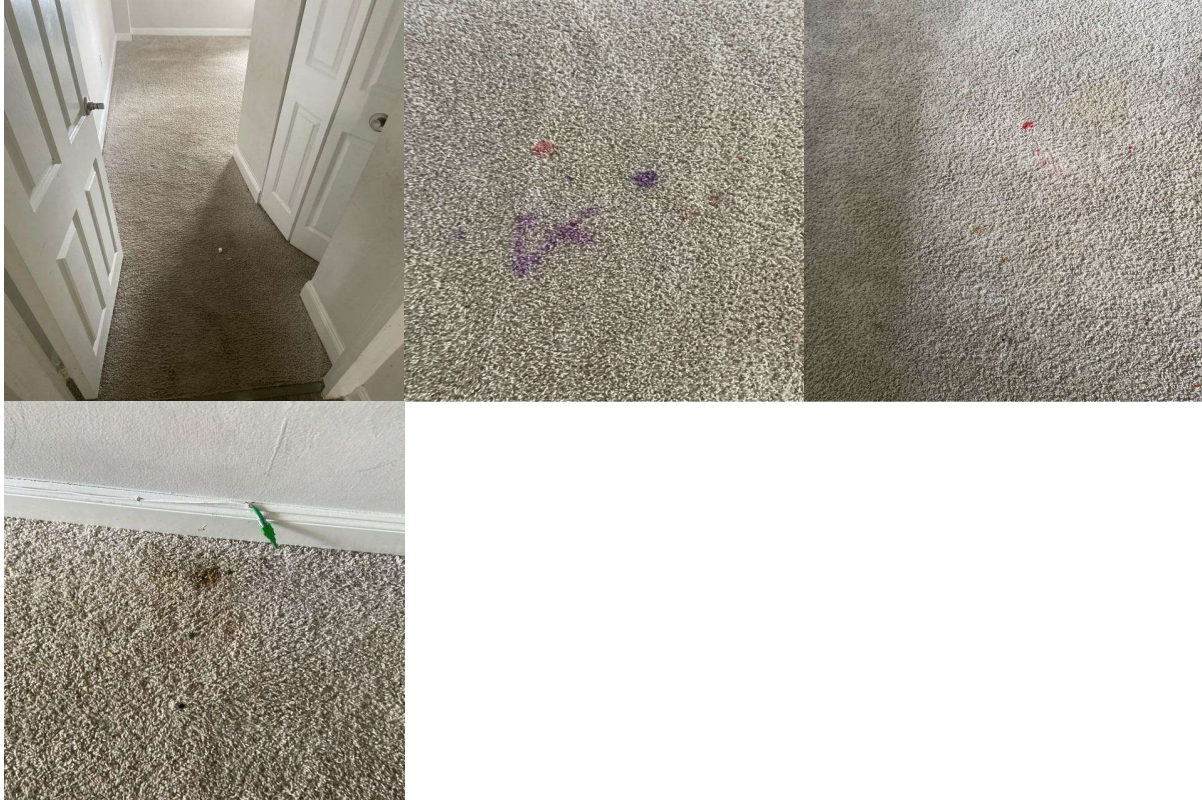
| <b>KEYS:</b>                     |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

| <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: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Stains  |



|                           |    |
|---------------------------|----|
| 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 |
| 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   |  |
| <div> <div>Lindy Community Representative Name</div> <div>Joseph Cooper</div> </div> |  |

A handwritten signature in black ink, appearing to be 'JMC' or similar, located in the upper left quadrant of the page.

|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Joseph Cooper |
| Resident not available for signature | YES           |