

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician    | Property          | Units  |
|-----------------|---------------|-------------------|--------|
| 09-03-2025      | Joseph Cooper | Towers at Wyncote | 0215-1 |

| Approved By   | Joyce Zamorski                          |
|---|---|
| Resident Name   | Darrah Anderson                         |
| Forwarding Mailing Address  | 8048 Fayette St., Philadelphia PA 19150 |
| 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 |
| BATHROOM       | Counter Top                 | Clean        | cleaning of stained vanity top | \$10    |
| CARPET         | Replace Carpet 1<br>Bedroom | Replace      | No charge-over 5 years         | \$0     |
| CARPET         | Replace Carpet 2<br>Bedroom | Replace      | No charge- over 5<br>years     | \$0     |
| Additional Dam | age Charges                 |              |                                |         |
|                |                             |              | Total Charges                  | \$10.00 |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| DINING ROOM: |  |
|--------------|--|
|--------------|--|

| Ceilings / Lights:            |    | Ok |    |
|-------------------------------|----|----|----|
| Plank Flooring:               |    | Ok |    |
| Walls / Outlets:              |    | Ok |    |
| Window:                       |    | Ok |    |
| Window coverings:             |    | Ok |    |
| KITCHEN:                      |    |    |    |
| Backsplash:                   | Ok |    |    |
| Cabinets:                     |    |    |    |
| Cabinet Door:                 |    | Ok |    |
| 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:              |    | Ol | Σ  |
| Dishwasher:                   |    |    |    |
| Dishwasher Rack:              |    | Ol | ζ  |
| 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 | -09-03 |    |
| Kitchen Sink:                                      | Ok   | Ok     |    |
| Microwave:   | Ok   |        |    |
| Other:   | Ok   |        |    |
| Oven / Range:                                      |      |        |    |
| Oven Cleaning:                                     |      | Ok     | ī  |
| 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:                                     |      | Ol     | Σ  |
| Oven / Range:                                      |      |        |    |
| Range Hood:  |      | Ok     |    |
| Oven Door Handle:                                  | Ok   |        |    |
| Oven Racks:  | Ok   |        |    |
| Range Top:   | Ok   |        |    |
| Refrigerator (Freezer):                            |      |        |    |
| Cleaning Refrigerator:                             |      |        | Ok |
| Refrigerator (Freezer):                            |      |        |    |
| Refrigerator (Drawers):                            |      |        | Ok |

| Refrigerator (Freezer):             |    |    |
|-------------------------------------|----|----|
| Refrigerator (Shelf and Bars):      | Ol | Σ  |
| Refrigerator (Freezer):             |    |    |
|                                     |    |    |
| Refrigerator Crisper Glass/Plastic: |    | )k |
| Rubber Stopper:                     | Ok |    |
| Rubber Gtopper.                     | OR |    |
| Stove Knob:                         | Ok |    |
| Wall Outlets:                       | Ok |    |
| Washer/Dryer:                       | Ok |    |
| Window Coverings:                   | Ok |    |

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

| BATHROOM:          |         |
|--------------------|---------|
| Cabinets / Mirror: | Ok      |
| Ceiling Lights:    | Ok      |
| Cleaning Bathroom: | Ok      |
| Complete Toilet:   | Ok      |
| Counter Top:       | Not Ok  |
| Charges Type       | Clean   |
| Charges            |         |
| Comment            | Stained |



| 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:   | Ok |
| Tub Knob(s):   | Ok |
| Tub Reglazing:   | Ok |
| 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 |
|----------------|----|
| 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 |

| CARPET:                   |              |  |
|---------------------------|--------------|--|
| Burns:                    | Ok           |  |
| Deodorize:                | Ok           |  |
| Pet Treatment (Odor):     | Ok           |  |
| Replace Carpet 1 Bedroom: | Not Ok       |  |
| Charges Type              | Replace      |  |
| Charges                   |              |  |
| Comment                   | Heavy stains |  |
|                           | 1            |  |



| Replace Carpet 2 Bedroom: | Not Ok       |  |
|---------------------------|--------------|--|
| Charges Type              | Replace      |  |
| Charges                   |              |  |
| Comment                   | Heavy stains |  |



| 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 |
| 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 |

## **OVERALL:**

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

| Resident  |  |
|-----------|--|
| Vesidelit |  |

| Lindy Community Representative Name | Joseph Cooper |
|-------------------------------------|---------------|
| ,                                   |               |

Technician Joseph Cooper

Resident not available for signature YES