



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property | Units  |
|-----------------|-------------|----------|--------|
| 09-05-2023      | Noel Nation | Enclaves | 3912A1 |

|                              |                                   |
|------------------------------|-----------------------------------|
| Approved By                  | Melissa Verdon                    |
| Resident Name                | Prime Legacy Group                |
| Forwarding Mailing Address   | 3900 Gateway Dr., Philadelphia PA |
| Date Resident Turned in Keys | 09-05-2023                        |

| Damage Summary            |                              |              |      |          |
|---------------------------|------------------------------|--------------|------|----------|
| Main Category             | Sub Category                 | Charges Type | Note | Charges  |
| BEDROOMS                  | Floors / Carpet              | Replace      |      | \$0.00   |
| PAINTING                  | Holes in Walls (Each Hole)   | Repair       |      | \$40.00  |
| PAINTING                  | Over Dark Colors (Per Room)  | Repair       |      | \$150.00 |
| PAINTING                  | Wallpaper Removal (Per Room) | Repair       |      | \$400.00 |
| Additional Damage Charges |                              |              |      |          |
| Total Charges             |                              |              |      | \$590.00 |

| 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 |
| <b>Cabinets:</b>              |    |
| Cabinet Door:                 | Ok |
| <b>Cabinets:</b>              |    |
| Cabinet Handle:               | Ok |
| <b>Cabinets:</b>              |    |
| Cabinet Shelf:                | 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 |
|--------|----|

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Cleaning:       | Ok |

|                      |    |
|----------------------|----|
| <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 |
|-------------|----|

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| 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:   | Not Ok            |
| Charges Type       | Replace           |
| Charges            |                   |
| Comment            | Dirty and stained |



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

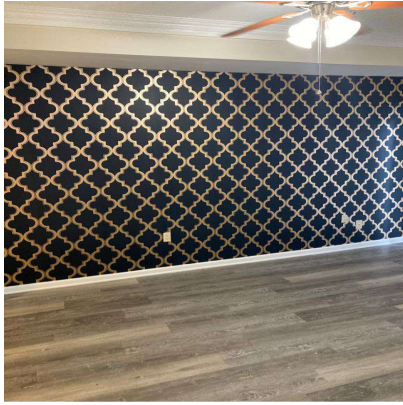
| PAINTING:                   |        |
|-----------------------------|--------|
| Border Removal (Per Room):  | Ok     |
| Holes in Walls (Each Hole): | Not Ok |
| Charges Type                | Repair |
| Charges                     |        |
| Comment                     | Holes  |



|                              |            |
|------------------------------|------------|
| Over Dark Colors (Per Room): | Not Ok     |
| Charges Type                 | Repair     |
| Charges                      |            |
| Comment                      | Dark paint |



|                               |           |
|-------------------------------|-----------|
| Wallpaper Removal (Per Room): | Not Ok    |
| Charges Type                  | Repair    |
| Charges                       |           |
| Comment                       | Wallpaper |



| <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         |
| Date of Installation                                                                         | 2023-09-05 |
| 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 | Noel Nation |

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|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Noel Nation |
| Resident not available for signature | YES         |