



## Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property          | Units  |
|-----------------|---------------|-------------------|--------|
| 09-05-2025      | Joseph Cooper | Towers at Wyncote | 0220-1 |

|                                                                                 |                                  |
|---------------------------------------------------------------------------------|----------------------------------|
| Approved By                                                                     | Joyce Zamorski                   |
| Resident Name                                                                   | Taylor Vetrano                   |
| Forwarding Mailing Address                                                      | 3 Broadway, Ronkonkoma, NY 11779 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 09-02-2025                       |

| Damage Summary            |                                    |              |                       |          |
|---------------------------|------------------------------------|--------------|-----------------------|----------|
| Main Category             | Sub Category                       | Charges Type | Note                  | Charges  |
| KITCHEN                   | Microwave                          | Clean        | Cleaning of microwave | \$25     |
| BATHROOM                  | Remove Mildew on Tiles             | Clean        |                       | \$100    |
| MISCELLANEOUS             | Was personal property left behind? |              |                       | \$0      |
| Additional Damage Charges |                                    |              |                       |          |
| Total Charges             |                                    |              |                       | \$125.00 |

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

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

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| <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         |
| Is there a FireAvert red box, plug, and solenoid?: | Ok         |
| Date of Installation                               | 2025-09-05 |
| Kitchen Sink:                                      | Ok         |
| Microwave:                                         | Not Ok     |
| Charges Type                                       | Clean      |
| Charges                                            |            |
| Comment                                            | Clean      |



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

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| <b>Oven / Range:</b> |    |
| Oven door handle:    | Ok |

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|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven drip pan:       | Ok |

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

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| <b>Oven / Range:</b> |    |
| Oven Racks:          | Ok |

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| <b>Oven / Range:</b> |    |
| Range burners:       | Ok |

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|-------------------------------------|--|----|
| <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:                       |  | Ok |
| Window Coverings:                   |  | Ok |
| <b>BEDROOMS:</b>                    |  |    |
| Ceilings / Lights:                  |  | Ok |
| Door / Closet:                      |  | Ok |
| Floors / Carpet:                    |  | Ok |
| Other:                              |  | Ok |
| Plank Flooring:                     |  | 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     |
| Plank Flooring:                                            | Ok     |
| Remove Mildew on Tiles:                                    | Not Ok |
| Charges Type                                               | Clean  |
| Charges                                                    |        |
| Comment                                                    | Clean  |



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

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| Window: | Ok |
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|---------------------------------------------------------------------------|----|
| <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 |

|                                      |    |
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| <b>DOORS:</b>                        |    |
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

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| <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: | 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 |
| 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 |
| Was personal property left behind?:                                                          | No |
| Charges Type                                                                                 |    |
| Charges                                                                                      | 0  |
| Window Screen(s) each:                                                                       | Ok |
| Window Sills:                                                                                | Ok |

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

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| Resident |  |
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|-------------------------------------|---------------|
| Lindy Community Representative Name | Joseph Cooper |
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|            |               |
|------------|---------------|
| Technician | Joseph Cooper |
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|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|