

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|------------------------|------------|---------------|-------|
| 09-12-2025 | Chima Kanu | Westgate Arms | H4 |

| Approved By | Jeff Wilson |
|---------------------------------------------------------------------------------|------------------------------------------|
| Resident Name | Theodore Hill |
| Forwarding Mailing Address | 49 Bittersweet Court Norristown PA 19401 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 09-12-2025 |

| Damage Summary | | | | |
|---------------------------|------------------------------------|--------------|----------|---------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Oven / Range | Oven Cleaning | Clean | dirty | \$75 |
| Refrigerator (Freezer) | Cleaning Refrigerator | Clean | | \$60 |
| KITCHEN | Microwave | Replace | broken | \$100 |
| MISCELLANEOUS | Was personal property left behind? | | | \$0 |
| MISCELLANEOUS | Was the resident locked out? | | | \$0 |
| Additional Damage Charges | | | | |
| Total Charges | | | \$235.00 | |

| 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: | |
| 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: | 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 | 2025-01-12 |
| Kitchen Sink: | Ok |
| Microwave: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Door broken |



Other: Ok

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



| Oven / Range: | |
|-------------------|----|
| Oven door handle: | Ok |

| Oven / Range: | |
|----------------|----|
| Oven drip pan: | Ok |

| Oven knobs: | Oven / Range: | |
|-------------|---------------|----|
| | Oven knobs: | Ok |

| Oven / Range: | |
|---------------|----|
| Oven Racks: | Ok |

| Oven / Range: | |
|----------------|----|
| Range burners: | Ok |

| Range Hood: | | Ok |
|-------------------|----|----|
| Oven Door Handle: | Ok | |
| Oven Racks: | Ok | |
| Range Top: | Ok | |

| Refrigerator (Freezer): | |
|-------------------------|-------------|
| Cleaning Refrigerator: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Not cleaned |



Oven / Range:

| Refrigerator (Freezer): | |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer): | |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| I | Refrigerator (Freezer): | |
|---|-------------------------------------|----|
| | Refrigerator Crisper Glass/Plastic: | Ok |

| Rubber Stopper: | Ok |
|-------------------|----|
| Stove Knob: | Ok |
| Wall Outlets: | Ok |
| Washer/Dryer: | Ok |
| Window Coverings: | Ok |

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

| BATHROOM: | |
|------------------------------------------------------------|----|
| 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 |

| 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 |

| CARPET: | |
|-----------------------|----|
| 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 |

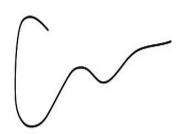
| MISCELLANEOUS: | | |
|----------------------------------------------------------------------------------------------|----|--|
| Broken Window Glass (Per Pane): | Ok | |
| Cabinet Equipment: | Ok | |
| Carbon Monoxide Detector: | Ok | |
| Cleaning of Apartment: | Ok | |
| Clear Storage Locker: | Ok | |
| 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 | |
| Was personal property left behind?: | No | |
| | | |

| Charges Type | |
|-------------------------------|--------|
| Charges | 0 |
| Was the resident locked out?: | Not Ok |
| Charges Type | |
| Charges | 0 |
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

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

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| Lindy Community Representative Name | Chima Kanu |
|-----------------------------------------|------------|
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| Technician | Chima Kanu |
|--------------------------------------|------------|
| Resident not available for signature | YES |