



# Move Out Inventory & Condition Form

| Inspection Date | Technician         | Property          | Units |
|-----------------|--------------------|-------------------|-------|
| 09-20-2021      | Rafael Soto Ocasio | York North (YONO) | 0705  |

|                              |                |
|------------------------------|----------------|
| Approved By                  | Kaitlin Benner |
| Resident Name                | Juanita Harvey |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | 09-18-2021     |

| Damage Summary                                  |              |              |      |          |
|-------------------------------------------------|--------------|--------------|------|----------|
| Main Category                                   | Sub Category | Charges Type | Note | Charges  |
| LIVING ROOM                                     | Other        | Clean        |      | \$0.00   |
| <b>Additional Damage Charges</b>                |              |              |      |          |
| remove bulk furniture (bed, bed frame, shelves) |              |              |      | \$100.00 |
| Total Charges                                   |              |              |      | \$100.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| Plank Flooring                     |

| LIVING ROOM:       |                 |
|--------------------|-----------------|
| Ceilings / Lights: | Ok              |
| Door / Closet:     | Ok              |
| Other:             | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Left belongings |



|                   |    |
|-------------------|----|
| 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:              | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| Counter Top:           | Ok |
| Dishwasher:            | Ok |
| Drip Pan:              | Ok |
| Electric Meter:        | Ok |
| Faucet:                | Ok |
| Faucet Knobs:          | Ok |
| Fire Stops:            | Ok |
| Floors:                | Ok |
| Formica/Tiles:         | Ok |
| Garbage Disposal:      | Ok |

|                         |    |
|-------------------------|----|
| Kitchen Sink:           | Ok |
| Microwave:              | Ok |
| Other:                  | Ok |
| Oven / Range:           | Ok |
| Oven Door Handle:       | Ok |
| Oven Racks:             | Ok |
| Range Top:              | Ok |
| Refrigerator (Freezer): | 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 |
| 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 |
| 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: | 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  |
| Fire extinguisher:                                                                           | Ok  |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok  |
| If there are sprinkler heads, are they painted?:                                             | Yes |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | Yes |
| 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></div> <div></div> </div>                                                                                      |                    |
| Lindy Community Representative Name                                                                                       | Rafael Soto Ocasio |
| <div> <div>  </div> <div></div> </div> |                    |
| Technician                                                                                                                | Rafael Soto Ocasio |

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
| Resident refused Signature           | NO  |