

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|-------------------|--------|
| 09-21-2022 | Josh Kozich | Towers at Wyncote | 0322-2 |

| Approved By | Joyce Zamorski |
|------------------------------|--|
| Resident Name | Kenya Fisher |
| Forwarding Mailing Address | has none-will update when she gets one |
| Date Resident Turned in Keys | 09-19-2022 |

| Damage Summary | | | | |
|---|---|----------|--|----------|
| Main Category | Main Category Sub Category Charges Type Note | | Note | Charges |
| Refrigerator (Freezer) | Cleaning Refrigerator | Clean | | \$60.00 |
| LIVING ROOM | floor | | \$10.00 | |
| KITCHEN | | | \$30.00 | |
| BATHROOM | Cleaning Bathroom | Clean | cleaning of bathroom sink and shower stall | \$35.00 |
| CARPET | Replace Carpet 1 Replace already charged | | \$0.00 | |
| CARPET Replace Carpet 2 Replace carpets replace 2 bedroom carpets | | \$800.00 | | |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$935.00 |

| LIVING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |

| Plank Flooring: | Not Ok |
|-----------------|--------|
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| 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: | | | |

| Cabinets: | |
|-----------------|----|
| Cabinet Handle: | Ok |
| | |

| Cabinets: | | |
|------------------------|----|----|
| Cabinet Shelf: | Ok | |
| Ceiling Fan: | | Ok |
| Ceiling Light Fixture: | | Ok |
| Ceiling Lights: | | Ok |

| Cleaning of Stove: | Not Ok |
|--------------------|--------|
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



Dishwasher:

Counter Top: Ok

| Dishwasher: | |
|------------------|----|
| Dishwasher Knob: | Ok |

| Dishwasher: | |
|------------------|----|
| Dishwasher Rack: | Ok |

| 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 |

| Oven / Range: | |
|----------------|----|
| Oven Cleaning: | Ok |

| 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: | Ok |

| Oven / Range: | |
|--------------------|-----|
| Range Hood: | Ok |
| Orran Door Handla. | Ole |

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

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



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

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

| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| 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: | 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace |



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



| 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 |

| Fire extinguisher: | Ol |
|--|----|
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ol |
| Light Globes: | Ol |
| Mini Blind(s) each: | Ol |
| Outside Lights: | Ol |
| Phone Jack: | Ol |
| Rallings: | Ol |
| Removal Of Bulk Items: | Ol |
| Remove Debris (Per Bag): | Ol |
| Sliding Mirror/Glass Door (2): | Ol |
| Smoke Detector Alarm: | Ol |
| Stoppage by foreign object in any drain: | Ol |
| Switch Plate Covers: | Ol |
| Thermostat Cover: | Ol |
| Vertical Blinds: | Ol |
| Vinly Tile Bathroom: | Ol |
| Vinly Tile Kitchen: | Ol |
| Window Screen(s) each: | Ol |
| Window Sills: | Ol |

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

| Resident | |
|-------------------------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Lindy Community Representative Name | Josh Kozich |



| Technician | Josh Kozich |
|--------------------------------------|-------------|
| Resident not available for signature | NO |
| Resident refused Signature | NO |