



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property           | Units |
|-----------------|---------------|--------------------|-------|
| 09-27-2022      | Shawn Hargett | York House (South) | 0606  |

|                              |                                         |
|------------------------------|-----------------------------------------|
| Approved By                  | Laura Reed                              |
| Resident Name                | Raymond Desalvo                         |
| Forwarding Mailing Address   | 4218 Meridian St Philadelphia, PA 19136 |
| Date Resident Turned in Keys | 08-30-2022                              |

| Damage Summary            |              |              |      |         |
|---------------------------|--------------|--------------|------|---------|
| Main Category             | Sub Category | Charges Type | Note | Charges |
| Additional Damage Charges |              |              |      |         |
| Total Charges             |              |              |      | \$0.00  |

| 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:                     | 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 |
| Refrigerator (Freezer):                                                                       | 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:   | 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 |
| Apartment Door closes automatically: | 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  | Shawn Hargett |

A handwritten signature in black ink, appearing to be 'Shawn Hargett', located in the upper left portion of the page.

|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Shawn Hargett |
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |