



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|--------------|-------|
| 10-03-2024 | Dudlow Blake | Joshua House | C0208 |

| | |
|------------------------------|-------------------------|
| Approved By | Nilsa Reyes |
| Resident Name | Alexis Gonzalez-Rosario |
| Forwarding Mailing Address | unknown |
| Date Resident Turned in Keys | 10-01-2024 |

| Damage Summary | | | | |
|---------------------------|------------------------------------|--------------|-------|---------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| MISCELLANEOUS | Cleaning of Apartment | Clean | trash | \$50.00 |
| MISCELLANEOUS | Was personal property left behind? | | | \$0.00 |
| MISCELLANEOUS | Was the resident locked out? | | | \$0.00 |
| Additional Damage Charges | | | | |
| Total Charges | | | | \$50.00 |

| 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 |
| Dishwasher: | 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: | 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 |

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|------------------|--|
| 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: | |
|------------------------|--------|
| Cleaning of Apartment: | Not Ok |

| | |
|--------------|----------|
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| | |
|--|------------|
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| Date of Installation | 2019-10-03 |
| Was personal property left behind?: | No |
| Charges Type | |
| Charges | 0 |
| Was the resident locked out?: | No |
| Charges Type | |
| Charges | 0 |

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

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|-------------------------------------|--------------|
| Resident | |
| Lindy Community Representative Name | Dudlow Blake |

Handwritten signature of Dudlow Blake in black ink.

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|--------------------------------------|--------------|
| Technician | Dudlow Blake |
| Resident not available for signature | YES |