



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 10-02-2023      | Josh Kozich | Towers at Wyncote | 0422-3 |

|                              |                 |
|------------------------------|-----------------|
| Approved By                  | Joyce Zamorski  |
| Resident Name                | Jessica Wilson  |
| Forwarding Mailing Address   | transfer PH23-3 |
| Date Resident Turned in Keys | 10-01-2023      |

| Damage Summary            |                          |              |                           |          |
|---------------------------|--------------------------|--------------|---------------------------|----------|
| Main Category             | Sub Category             | Charges Type | Note                      | Charges  |
| LIVING ROOM               | Plank Flooring           | Repair       | repair plank floor        | \$225.00 |
| KITCHEN                   | Cleaning of Stove        | Clean        | cleaning of stove top     | \$30.00  |
| CARPET                    | Replace Carpet 1 Bedroom | Replace      | already charged           | \$0.00   |
| CARPET                    | Replace Carpet 2 Bedroom | Replace      | replace 2 bedroom carpets | \$400.00 |
| Additional Damage Charges |                          |              |                           |          |
| Total Charges             |                          |              |                           | \$655.00 |

| LIVING ROOM:       |                   |
|--------------------|-------------------|
| Ceilings / Lights: | Ok                |
| Door / Closet:     | Ok                |
| Other:             | Ok                |
| Plank Flooring:    | Not Ok            |
| Charges Type       | Repair            |
| Charges            |                   |
| Comment            | Damaged/not clean |



|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| <b>DINING ROOM:</b> |    |
|---------------------|----|
| Ceilings / Lights:  | Ok |
| Plank Flooring:     | Ok |
| Walls / Outlets:    | Ok |
| Window:             | Ok |
| Window coverings:   | Ok |

| <b>KITCHEN:</b>        |        |
|------------------------|--------|
| Backsplash:            | Ok     |
| Cabinets:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



|                                     |    |
|-------------------------------------|----|
| 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 |
| <b>Refrigerator (Freezer):</b>      |    |
| Cleaning Refrigerator:              | Ok |
| <b>Refrigerator (Freezer):</b>      |    |
| Refrigerator (Drawers):             | Ok |
| <b>Refrigerator (Freezer):</b>      |    |
| Refrigerator (Shelf and Bars):      | Ok |
| <b>Refrigerator (Freezer):</b>      |    |
| 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 |

| <b>BEDROOMS:</b>   |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Plank Flooring:    | 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 |
| 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 |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <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: | 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         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok         |
| Date of Installation                                                                         | 2022-02-02 |
| 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 |  |
|----------|--|

|                                                                                    |             |
|------------------------------------------------------------------------------------|-------------|
| Lindy Community Representative Name                                                | Josh Kozich |
|  |             |
| Technician                                                                         | Josh Kozich |
| Resident not available for signature                                               | NO          |