



## Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property          | Units |
|-----------------|---------------|-------------------|-------|
| 10-08-2025      | Shawn Hargett | York North (YONO) | 0202  |

|                                                                                 |                                          |
|---------------------------------------------------------------------------------|------------------------------------------|
| Approved By                                                                     | Thomas Neal                              |
| Resident Name                                                                   | Bryan Oliphant                           |
| Forwarding Mailing Address                                                      | 4151 Longshore Drive Youngstown OH 44505 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 10-08-2025                               |

| Damage Summary            |                                    |              |      |         |
|---------------------------|------------------------------------|--------------|------|---------|
| Main Category             | Sub Category                       | Charges Type | Note | Charges |
| MISCELLANEOUS             | Was personal property left behind? |              |      | \$0     |
| 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 |

| <b>KITCHEN:</b>                                    |    |
|----------------------------------------------------|----|
| 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 |
| Is there a FireAvert red box, plug, and solenoid?: | 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 |
| 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  |
| 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  |
| Was personal property left behind?:                                                          | No  |
| Charges Type                                                                                 |     |
| Charges                                                                                      | 0   |
| 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 |
|------------------------------------------|----|

|          |  |
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| Resident |  |
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|                                     |               |
|-------------------------------------|---------------|
| Lindy Community Representative Name | Shawn Hargett |
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|            |               |
|------------|---------------|
| Technician | Shawn Hargett |
|------------|---------------|

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|