

## **Move Out Inventory & Condition Form**

| <b>Inspection Date</b> | Technician   | Property     | Units |
|------------------------|--------------|--------------|-------|
| 10-10-2022             | Dudlow Blake | Joshua House | D0303 |

| Approved By                  | Nilsa Reyes     |
|------------------------------|-----------------|
| Resident Name                | Makaylia Potter |
| Forwarding Mailing Address   | non provided    |
| Date Resident Turned in Keys | 09-06-2022      |

| Damage Summary            |                       |              |        |          |
|---------------------------|-----------------------|--------------|--------|----------|
| Main Category             | Sub Category          | Charges Type | Note   | Charges  |
| KITCHEN                   | Cleaning of Stove     | Clean        |        | \$60.00  |
| MISCELLANEOUS             | Cleaning of Apartment | Clean        |        | \$100.00 |
| MISCELLANEOUS             | Removal Of Bulk Items | Clean        |        | \$0.00   |
| Additional Damage Charges |                       |              |        |          |
|                           |                       | Total Cl     | narges | \$160.00 |

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



| Formica/Tiles:  | Ok |
|---|----|
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok |

| 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 |



| Fire extinguisher:     | Ok              |
|------------------------|-----------------|
| Removal Of Bulk Items: | Not Ok          |
| Charges Type           | Clean           |
| Charges                |                 |
| Comment                | Cleaning needed |



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

|--|

Lindy Community Representative Name

Dudlow Blake

| MAR | ) |
|-----|---|
| 3   |   |
|     |   |

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