



## Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 10-14-2021      | Dudlow Blake | Joshua House | D0103 |

|                              |                                             |
|------------------------------|---------------------------------------------|
| Approved By                  | Nilsa Reyes                                 |
| Resident Name                | Joseph Bell                                 |
| Forwarding Mailing Address   | 1745 N Newkirk Street Philadelphia PA 19121 |
| Date Resident Turned in Keys | 10-13-2021                                  |

| Damage Summary            |                   |              |      |          |
|---------------------------|-------------------|--------------|------|----------|
| Main Category             | Sub Category      | Charges Type | Note | Charges  |
| KITCHEN                   | Cleaning of Stove | Clean        |      | \$60.00  |
| BEDROOMS                  | Floors / Carpet   | Clean        |      | \$0.00   |
| BATHROOM                  | Cleaning Bathroom | Clean        |      | \$75.00  |
| Additional Damage Charges |                   |              |      |          |
| Total Charges             |                   |              |      | \$135.00 |

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



|             |    |
|-------------|----|
| Fire Stops: | Ok |
|-------------|----|

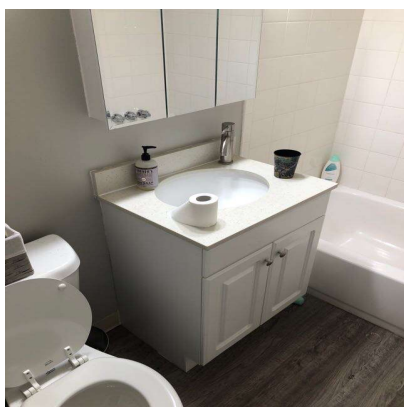
| <b>BEDROOMS:</b>   |                 |
|--------------------|-----------------|
| Ceilings / Lights: | Ok              |
| Door / Closet:     | Ok              |
| Floors / Carpet:   | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Cleaning needed |



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

|                   |    |
|-------------------|----|
| Window coverings: | Ok |
|-------------------|----|

| <b>BATHROOM:</b>   |                 |
|--------------------|-----------------|
| Cabinets / Mirror: | Ok              |
| Ceiling Lights:    | Ok              |
| Cleaning Bathroom: | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Cleaning needed |



|                                                            |    |
|------------------------------------------------------------|----|
| 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 |
| 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 |

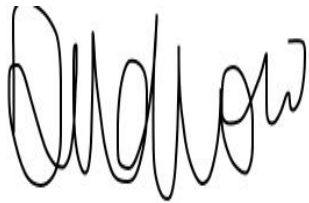
|                                                                                              |          |
|----------------------------------------------------------------------------------------------|----------|
| Stain Removal:                                                                               | Ok       |
| <b>MISCELLANEOUS:</b>                                                                        |          |
| Broken Window Glass (Per Pane):                                                              | Ok       |
| Cabinet Equipment:                                                                           | Ok       |
| Carbon Monoxide Detector:                                                                    | Ok       |
| Cleaning of Apartment:                                                                       | Ok       |
| Comment                                                                                      | Cleaning |
|             |          |
| 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       |
| 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>Lindy Community Representative Name</div> <div>Dudlow Blake</div> </div> |  |


|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Dudlow Blake |
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |