



## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property      | Units |
|-----------------|----------------|---------------|-------|
| 11-04-2020      | Herbert Turner | Mt. Airy Arms | 307A  |

|                              |  |
|------------------------------|--|
| Resident Name                | Aurelie Ahoudji                                  |
| Forwarding Mailing Address   | 1827 E. Pastorius Street, Philadelphia, Pa 19138 |
| Date Resident Turned in Keys | Nov-03-2020                                      |

| Damage Summary                   |              |              |      |          |
|----------------------------------|--------------|--------------|------|----------|
| Main Category                    | Sub Category | Charges Type | Note | Charges  |
| LIVING ROOM                      | Other        | Replace      |      | \$0.00   |
| <b>Additional Damage Charges</b> |              |              |      |          |
| Carpet replacement               |              |              |      | \$157.00 |
| Total Charges                    |              |              |      | \$157.00 |

|                     |                            |
|---------------------|----------------------------|
| <b>LIVING ROOM:</b> |                            |
| Walls / Outlets:    | Ok                         |
| Ceilings / Lights:  | Ok                         |
| Window:             | Ok                         |
| Door / Closet:      | Ok                         |
| Window coverings:   | Ok                         |
| Other:              | Not Ok                     |
| Charges Type        | Replace                    |
| Charges             |                            |
| Comment             | Living room carpet stained |



| <b>DINING ROOM:</b>                 |    |
|-------------------------------------|----|
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Window:                             | Ok |
| Window coverings:                   | Ok |
| <b>KITCHEN:</b>                     |    |
| Electric Meter:                     | Ok |
| Cabinets:                           | Ok |
| Cabinet Door:                       | Ok |
| Cabinet Shelf:                      | Ok |
| Cabinet Handle:                     | Ok |
| Counter Top:                        | Ok |
| Refrigerator (Freezer):             | Ok |
| Refrigerator (Shelf and Bars):      | Ok |
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator:              | Ok |
| Dishwasher Rack:                    | Ok |
| Dishwasher Silverware Holder:       | Ok |
| Dishwasher Knob:                    | Ok |
| Fire Stops:                         | Ok |
| Formica/Tiles:                      | Ok |
| Stove Knob:                         | Ok |
| Microwave:                          | Ok |
| Cleaning of Stove:                  | Ok |
| Ceiling Lights:                     | Ok |

|                        |    |
|------------------------|----|
| Garbage Disposal:      | Ok |
| Rubber Stopper:        | Ok |
| Oven Door Handle:      | Ok |
| Oven Racks:            | Ok |
| Kitchen Sink:          | Ok |
| Faucet Knobs:          | Ok |
| Floors:                | Ok |
| Faucet:                | Ok |
| Drip Pan:              | Ok |
| Range Hood:            | Ok |
| Range Top:             | Ok |
| Ceiling Light Fixture: | Ok |
| Backsplash:            | Ok |
| Ceiling Fan:           | Ok |
| Washer/Dryer:          | Ok |
| Wall Outlets:          | Ok |
| Window Coverings:      | Ok |
| Other:                 | Ok |
| <b>BEDROOMS:</b>       |    |
| Walls / Outlets:       | Ok |
| Ceilings / Lights:     | Ok |
| Floors / Carpet:       | Ok |
| Window:                | Ok |
| Window coverings:      | Ok |
| Door / Closet:         | Ok |
| Other:                 | Ok |
| <b>BATHROOM:</b>       |    |
| Medicine Cabinet:      | Ok |
| Mirror Cabinet:        | Ok |
| Vanity Cabinet:        | Ok |
| Sink:                  | Ok |
| Toilet Tank Cover:     | Ok |
| Toilet Tank:           | Ok |
| Toilet Bowl:           | Ok |

|   |    |
|---|----|
| Complete Toilet:  | Ok |
| Toilet Paper Holder:  | Ok |
| Shower Head:  | Ok |
| Tub Knob(s):  | Ok |
| Shower Curtain Bar:   | Ok |
| Towel Bar:  | Ok |
| Tub Reglazing:  | Ok |
| Counter Top:  | Ok |
| Soap Dish (Sink):   | Ok |
| Soad Dish (Tub):  | Ok |
| Remove Mildew on Tiles:   | Ok |
| Cleaning Bathroom:  | Ok |
| Wall Outlets:   | Ok |
| Ceiling Lights:   | Ok |
| Floors:   | Ok |
| Formica /Tile:  | Ok |
| Cabinets / Mirror:  | Ok |
| Window:   | Ok |
| Other:  | Ok |
| Is there signs of moisture from outside in the apartment?:                | Ok |
| <b>LOCKS:</b>   |    |
| Door Lock:  | Ok |
| Door Knob:  | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:  | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| <b>KEYS:</b>  |    |
| Failure To Return Apartment Key:  | Ok |
| Failure To Return Mailbox Key:  | Ok |
| <b>DOORS:</b>   |    |
| Apartment Door:   | Ok |
| Solid Core & Steel:   | Ok |
| Frame:  | Ok |
| Hollow:   | Ok |

|  |    |
|--|----|
| <b>PAINTING:</b>                         |    |
| Over Dark Colors (Per Room):             | Ok |
| Holes in Walls (Each Hole):              | Ok |
| Wallpaper Removal (Per Room):            | Ok |
| Border Removal (Per Room):               | Ok |
| <b>CARPET:</b>                           |    |
| Replace Carpet 1 Bedroom:                | Ok |
| <b>MISCELLANEOUS:</b>                    |    |
| Remove Debris (Per Bag):                 | Ok |
| Removal Of Bulk Items:                   | Ok |
| Clear Storage Locker:                    | Ok |
| Closet Shelves:                          | Ok |
| Window Sills:                            | Ok |
| Window Screen(s) each:                   | Ok |
| Broken Window Glass (Per Pane):          | Ok |
| Mini Blind(s) each:                      | Ok |
| Vertical Blinds:                         | Ok |
| Sliding Mirror/Glass Door (2):           | Ok |
| Carbon Monoxide Detector:                | Ok |
| Smoke Detector Alarm:                    | Ok |
| Fire extinguisher:                       | Ok |
| Cabinet Equipment:                       | Ok |
| Vinly Tile Kitchen:                      | Ok |
| Vinly Tile Bathroom:                     | Ok |
| Exhaust Fan:                             | Ok |
| Phone Jack:                              | Ok |
| Fan Blades:                              | Ok |
| Light Globes:                            | Ok |
| Door Intercom System:                    | Ok |
| Switch Plate Covers:                     | Ok |
| Rallings:                                | Ok |
| Outside Lights:                          | Ok |
| Stoppage by foreign object in any drain: | Ok |
| Thermostat Cover:                        | Ok |

|  |    |
|--|----|
| Cleaning of Apartment:   | Ok |
| Common Area damaged during moveout:  | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| <b>OVERALL:</b>  |    |
| Signs of Moisture outside the apartment:   | Ok |
| Signs of Moisture inside the apartment:  | Ok |
| Resident   |    |

|                                     |                |
|-------------------------------------|----------------|
| Lindy Community Representative Name | Herbert Turner |
|-------------------------------------|----------------|

  


|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Herbert Turner |
| Resident not available for signature | YES            |
| Resident refused Signature           | NO             |