



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
11-06-2024	Thomas Neal	York House (South)	0415

Approved By	Thomas Neal
Resident Name	Jefferson Health
Forwarding Mailing Address	Jefferson Center, 1101 Market Street, Suite 2003, Philadelphia, PA 19107
Date Resident Turned in Keys	10-31-2024

Damage Summary				
Main Category	Sub Category	Charges Type	Note	Charges
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

KITCHEN:	
Backsplash:	Ok

Cabinets:		
Cabinet Door:		Ok

Cabinets:		
Cabinet Handle:		Ok

Cabinets:		
Cabinet Shelf:		Ok

Ceiling Fan:		Ok
Ceiling Light Fixture:		Ok
Ceiling Lights:		Ok
Cleaning of Stove:		Ok
Counter Top:		Ok

Dishwasher:		
Dishwasher Knob:		N/A

Dishwasher:		
Dishwasher Rack:		N/A

Dishwasher:		
Dishwasher Silverware Holder:		N/A

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:		
Oven Cleaning:		Ok

Oven / Range:		
Oven door handle:		Ok

Oven / Range:		
Oven drip pan:		Ok

Oven / Range:		
Oven knobs:		Ok

Oven / Range:		
Oven Racks:		Ok

Oven / Range:		
Range burners:		Ok

Oven / Range:		
Range Hood:		Ok

Oven Door Handle:		Ok
Oven Racks:		Ok
Range Top:		Ok

Refrigerator (Freezer):		
Cleaning Refrigerator:		Ok

Refrigerator (Freezer):		
Refrigerator (Drawers):		Ok

Refrigerator (Freezer):		
Refrigerator (Shelf and Bars):		Ok

Refrigerator (Freezer):		
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
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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
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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	2024-11-06
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
Window Screen(s) each:	Ok
Window Sills:	Ok

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

Resident	Jefferson Health
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Lindy Community Representative Name	Thomas Neal
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Technician	Thomas Neal
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Resident not available for signature	YES
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