



## Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 11-10-2020      | Stephen Cofield | Gardens of Mt. Airy | B05   |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Aneya Jerman  |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Not Available |

| Damage Summary            |              |              |      |         |
|---------------------------|--------------|--------------|------|---------|
| Main Category             | Sub Category | Charges Type | Note | Charges |
| Additional Damage Charges |              |              |      |         |
| Total Charges             |              |              |      | \$0.00  |

|                     |    |
|---------------------|----|
| <b>LIVING ROOM:</b> |    |
| Walls / Outlets:    | Ok |
| Ceilings / Lights:  | Ok |
| Window:             | Ok |
| Door / Closet:      | Ok |
| Window coverings:   | Ok |
| Other:              | Ok |
| <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>                                                            |    |
| Shampoo 1 Bedroom:                                                        | Ok |
| Shampoo 2 Bedroom:                                                        | Ok |
| Stain Removal:                                                            | Ok |
| Burns:                                                                    | Ok |
| Deodorize:                                                                | Ok |
| Pet Treatment (Odor):                                                     | Ok |
| Replace Carpet 1 Bedroom:                                                 | Ok |
| Replace Carpet 2 Bedroom:                                                 | Ok |
| Resident                                                                  |    |

|                                                                                   |                 |
|-----------------------------------------------------------------------------------|-----------------|
| Lindy Community Representative Name                                               | Stephen Cofield |
|  |                 |
| Technician                                                                        | Stephen Cofield |
| Resident not available for signature                                              | YES             |
| Resident refused Signature                                                        | NO              |