



# Move Out Inventory & Condition Form


| Inspection Date | Technician | Property      | Units |
|-----------------|------------|---------------|-------|
| 11-13-2023      | Dawn Buck  | Bromley House | C113  |

|                              |                                       |
|------------------------------|---------------------------------------|
| Approved By                  | Dawn Buck                             |
| Resident Name                | Weinan Li                             |
| Forwarding Mailing Address   | 501 Penguin Drive, Bensalem, PA 19020 |
| Date Resident Turned in Keys | 11-11-2023                            |

| Damage Summary            |                   |              |      |         |
|---------------------------|-------------------|--------------|------|---------|
| Main Category             | Sub Category      | Charges Type | Note | Charges |
| KITCHEN                   | Floors            | Clean        |      | \$0.00  |
| BATHROOM                  | Cleaning Bathroom | Clean        |      | \$75.00 |
| Additional Damage Charges |                   |              |      |         |
| Total Charges             |                   |              |      | \$75.00 |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| DINING ROOM:       |     |
|--------------------|-----|
| Ceilings / Lights: | N/A |
| Walls / Outlets:   | N/A |
| Window:            | N/A |
| Window coverings:  | N/A |

|   |  |           |
|---|--|-----------|
| <b>KITCHEN:</b>   |  |           |
| Backsplash:   |  | Ok        |
| Ceiling Fan:  |  | Ok        |
| Ceiling Light Fixture:  |  | Ok        |
| Ceiling Lights:   |  | Ok        |
| Cleaning of Stove:  |  | Ok        |
| Counter Top:  |  | Ok        |
| <b>Dishwasher:</b>  |  |           |
| Dishwasher Knob:  |  | Ok        |
| <b>Dishwasher:</b>  |  |           |
| Dishwasher Rack:  |  | Ok        |
| <b>Dishwasher:</b>  |  |           |
| Dishwasher Silverware Holder:   |  | Ok        |
| Drip Pan:   |  | Ok        |
| Electric Meter:   |  | Ok        |
| Faucet:   |  | Ok        |
| Faucet Knobs:   |  | Ok        |
| Floors:   |  | Not Ok    |
| Charges Type  |  | Clean     |
| Charges   |  |           |
| Comment   |  | Not clean |
|  |  |           |
| Formica/Tiles:  |  | Ok        |
| Garbage Disposal:   |  | Ok        |
| Kitchen Sink:   |  | Ok        |
| Microwave:  |  | Ok        |

|   |     |
|---|-----|
| Other:  | Ok  |
| <b>Oven / Range:</b>  |     |
| Oven Cleaning:  | Ok  |
| <b>Oven / Range:</b>  |     |
| Oven door handle:   | Ok  |
| <b>Oven / Range:</b>  |     |
| Oven drip pan:  | Ok  |
| <b>Oven / Range:</b>  |     |
| Oven knobs:   | Ok  |
| <b>Oven / Range:</b>  |     |
| Oven Racks:   | Ok  |
| <b>Oven / Range:</b>  |     |
| Range burners:  | Ok  |
| <b>Oven / Range:</b>  |     |
| Range Hood:   | Ok  |
| Oven Door Handle:   | Ok  |
| Oven Racks:   | Ok  |
| Range Top:  | 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:   | N/A |
| Window Coverings:   | Ok  |

|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| 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            | Not cleaned |



|  |    |
|--|----|
| 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 |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

|                               |     |
|-------------------------------|-----|
| <b>PAINTING:</b>              |     |
| Border Removal (Per Room):    | N/A |
| Holes in Walls (Each Hole):   | N/A |
| Over Dark Colors (Per Room):  | N/A |
| Wallpaper Removal (Per Room): | N/A |

|                           |     |
|---------------------------|-----|
| <b>CARPET:</b>            |     |
| Burns:                    | N/A |
| Deodorize:                | N/A |
| Pet Treatment (Odor):     | N/A |
| Replace Carpet 1 Bedroom: | N/A |

|                           |     |
|---------------------------|-----|
| Replace Carpet 2 Bedroom: | Ok  |
| Shampoo 1 Bedroom:        | N/A |
| Shampoo 2 Bedroom:        | N/A |
| Stain Removal:            | N/A |

| <b>MISCELLANEOUS:</b>  |    |
|--|----|
| 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 |
| 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 |  |
|----------|--|

|                                     |           |
|-------------------------------------|-----------|
| Lindy Community Representative Name | Dawn Buck |
|-------------------------------------|-----------|



|            |           |
|------------|-----------|
| Technician | Dawn Buck |
|------------|-----------|

|                                      |     |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|