



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 11-20-2020      | Josh Kozich | Towers at Wyncote | M15-03 |

|                              |                                     |
|------------------------------|-------------------------------------|
| Resident Name                | Sophia Lane                         |
| Forwarding Mailing Address   | 32 Washington street Nyack NY 10960 |
| Date Resident Turned in Keys | Nov-20-2020                         |

| 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 |
| <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                                               | Josh Kozich |
|  |             |
| Technician                                                                        | Josh Kozich |
| Resident not available for signature                                              | NO          |
| Resident refused Signature                                                        | NO          |