



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property    | Units |
|-----------------|--------------|-------------|-------|
| 11-28-2025      | Daniel Ortiz | Meadowbrook | 322   |

|                                                                                 |                                             |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Approved By                                                                     | Lori Kolinchak                              |
| Resident Name                                                                   | Matthew Monk                                |
| Forwarding Mailing Address                                                      | 274 Glen Riddle Road, A308, Media, PA 19063 |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | 11-26-2025                                  |

| Damage Summary            |                               |              |           |         |
|---------------------------|-------------------------------|--------------|-----------|---------|
| Main Category             | Sub Category                  | Charges Type | Note      | Charges |
| KEYS                      | Failure To Return Mailbox Key | Replace      | No charge | \$0     |
| 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 |

|                                                    |            |
|----------------------------------------------------|------------|
| <b>KITCHEN:</b>                                    |            |
| Backsplash:                                        | Ok         |
| Cabinets:                                          | Ok         |
| Ceiling Fan:                                       | Ok         |
| Ceiling Light Fixture:                             | Ok         |
| Ceiling Lights:                                    | Ok         |
| Cleaning of Stove:                                 | Ok         |
| Counter Top:                                       | Ok         |
| Dishwasher:                                        | Ok         |
| Drip Pan:                                          | Ok         |
| Electric Meter:                                    | Ok         |
| Faucet:                                            | Ok         |
| Faucet Knobs:                                      | Ok         |
| Floors:                                            | Ok         |
| Formica/Tiles:                                     | Ok         |
| Garbage Disposal:                                  | Ok         |
| Is there a FireAvert red box, plug, and solenoid?: | Ok         |
| Date of Installation                               | 2025-11-26 |
| Kitchen Sink:                                      | Ok         |
| Microwave:                                         | Ok         |
| Other:                                             | Ok         |
| Oven / Range:                                      | Ok         |
| Oven Door Handle:                                  | Ok         |
| Oven Racks:                                        | Ok         |
| Range Top:                                         | Ok         |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Cleaning Refrigerator:         | Ok |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Drawers):        | Ok |

|                                |    |
|--------------------------------|----|
| <b>Refrigerator (Freezer):</b> |    |
| Refrigerator (Shelf and Bars): | Ok |

| <b>Refrigerator (Freezer):</b>      |    |
|-------------------------------------|----|
| Refrigerator Crisper Glass/Plastic: | Ok |
| Rubber Stopper:                     | Ok |
| Stove Knob:                         | Ok |
| Wall Outlets:                       | Ok |
| Washer/Dryer:                       | Ok |
| 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:                                         | 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 |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <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:   | Not Ok                    |
| Charges Type                     | Replace                   |
| Charges                          |                           |
| Comment                          | Only return 1 mailbox key |

|                                      |    |
|--------------------------------------|----|
| <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):   | Ok |
| Holes in Walls (Each Hole):  | Ok |
| Over Dark Colors (Per Room): | Ok |

|                               |    |
|-------------------------------|----|
| Wallpaper Removal (Per Room): | Ok |
|-------------------------------|----|

| <b>CARPET:</b>            |    |
|---------------------------|----|
| 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 |

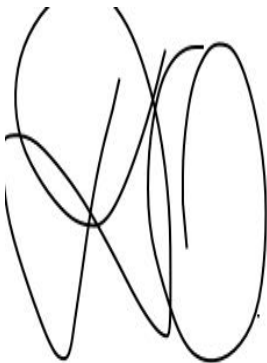
| <b>MISCELLANEOUS:</b>                                                                        |    |
|----------------------------------------------------------------------------------------------|----|
| Broken Window Glass (Per Pane):                                                              | 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 | Daniel Ortiz |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Daniel Ortiz |
| Resident not available for signature | YES          |