

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|------------------------|----------------|---------------|-------|
| 12-06-2022 | Felicia Howell | Regency House | 217 |

| Approved By | Felicia Howell |
|------------------------------|------------------------------------|
| Resident Name | Janai McDaniel |
| Forwarding Mailing Address | 1004 Fraser Rd, Glenside Pa, 19038 |
| Date Resident Turned in Keys | 12-03-2022 |

| Damage Summary | | | | |
|---------------------------|-------------------|---------------------|-----------------|----------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| Oven / Range | Oven Cleaning | Clean | Range uncleaned | \$60.00 |
| BATHROOM | Cleaning Bathroom | Clean | | \$75.00 |
| CARPET | Shampoo 1 Bedroom | Clean | | \$100.00 |
| Additional Damage Charges | | | | |
| | | | Total Charges | \$235.00 |

| | Amenities to be added to this Unit |
|--------|------------------------------------|
| plank | |
| Quartz | |

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

| Ceilings / Lights: | | Ok | |
|-------------------------------|----|----|---|
| Walls / Outlets: | (| Ok | |
| Window: | (| Ok | |
| Window coverings: | (| Ok | |
| KITCHEN: | | | |
| Backsplash: | | | O |
| Cabinets: | | | |
| Cabinet Door: | Ok | | |
| Cabinets: | | | |
| Cabinet Handle: | С |)k | |
| Cabinets: | | | |
| Cabinet Shelf: | Ok | : | |
| Ceiling Fan: | | | 0 |
| Ceiling Light Fixture: | | | O |
| Ceiling Lights: | | | O |
| Cleaning of Stove: | | | O |
| Counter Top: | | | 0 |
| Dishwasher: | | | |
| Dishwasher Knob: | | Ok | |
| Dishwasher: | | | |
| Dishwasher Rack: | | Ok | |
| Dishwasher: | | | |
| Dishwasher Silverware Holder: | | Ok | |
| Drip Pan: | | | О |
| Electric Meter: | | | 0 |
| Faucet: | | | O |
| Faucet Knobs: | | | O |
| Floors: | | | 0 |
| Formica/Tiles: | | | O |
| Garbage Disposal: | | | О |

| Kitchen Sink: | | Ok |
|----------------|--------|----|
| Microwave: | | Ok |
| Other: | | Ok |
| Oven / Range: | | |
| Oven Cleaning: | Not Ok | |
| Charges Type | Clean | |
| Charges | | |

Uncleaned



Comment

| 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

| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Clean |



| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Uncleaned |



| Shampoo 2 Bedroom: | Ok |
|--------------------|----|
| Stain Removal: | Ok |

| 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 |

| Fire extinguisher: | 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 |

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

| Felicia Howell |
|----------------|
| |



| Technician | Felicia Howell |
|--------------------------------------|----------------|
| Resident not available for signature | YES |