



## Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property      | Units |
|-----------------|----------------|---------------|-------|
| 12-06-2022      | Felicia Howell | Regency House | 211   |

|                              |                |
|------------------------------|----------------|
| Approved By                  | Felicia Howell |
| Resident Name                | Shelly Jones   |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | 11-30-2022     |

| Damage Summary            |                         |              |                            |          |
|---------------------------|-------------------------|--------------|----------------------------|----------|
| Main Category             | Sub Category            | Charges Type | Note                       | Charges  |
| MISCELLANEOUS             | Removal Of Bulk Items   | Clean        | Removal Of Bulk Items-Sofa | \$100.00 |
| MISCELLANEOUS             | Remove Debris (Per Bag) | Clean        | Remove Debris (Per Bag)    | \$75.00  |
| Additional Damage Charges |                         |              |                            |          |
| Total Charges             |                         |              |                            | \$175.00 |

| Amenities to be added to this Unit |
|------------------------------------|
| New Bathroom                       |

| 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 |
| Kitchen Sink:                                                                                 | Ok |
| Microwave:                                                                                    | Ok |
| Other:                                                                                        | Ok |
| Oven / Range:                                                                                 | Ok |
| Oven Door Handle:                                                                             | Ok |
| Oven Racks:                                                                                   | Ok |
| Range Top:                                                                                    | Ok |
| Refrigerator (Freezer):                                                                       | 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 |
|-------------------|----|

| <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:   | Ok |

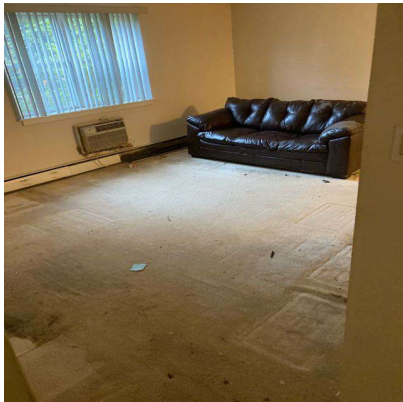
| <b>DOORS:</b>                        |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

| <b>PAINTING:</b>              |    |
|-------------------------------|----|
| Border Removal (Per Room):    | 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 |

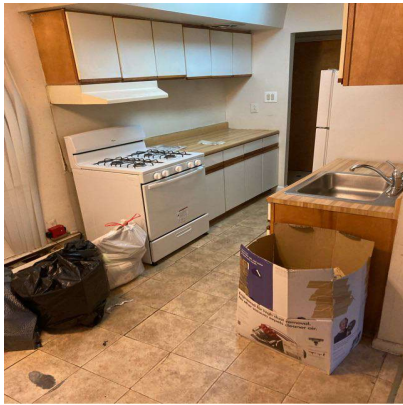
|                |    |
|----------------|----|
| Stain Removal: | Ok |
|----------------|----|

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



|                          |        |
|--------------------------|--------|
| Remove Debris (Per Bag): | Not Ok |
| Charges Type             | Clean  |
| Charges                  |        |

|         |              |
|---------|--------------|
| Comment | Remove trash |
|---------|--------------|



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

A handwritten signature in black ink, appearing to be 'F. Howell'.

Technician

Felicia Howell

Resident not available for signature

YES