

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 12-05-2023      | Josh Kozich | Towers at Wyncote | 0602-1 |

| Approved By                  | Joyce Zamorski                         |
|------------------------------|--|
| Resident Name                | Pearlina White                         |
| Forwarding Mailing Address   | 4808 McKean Ave. Philadelphia PA 19144 |
| Date Resident Turned in Keys | 12-05-2023                             |

| Damage Summary            |                             |                 |  |          |
|---------------------------|-----------------------------|-----------------|--|----------|
| Main Category             | Sub Category                | Charges<br>Type | Note                                     | Charges  |
| Refrigerator<br>(Freezer) | Cleaning Refrigerator       | Clean           |  | \$60.00  |
| LIVING ROOM               | Other                       | Clean           | Trash out apartment                      | \$225.00 |
| LIVING ROOM               | Plank Flooring              | Clean           | cleaning of apartment                    | \$150.00 |
| KITCHEN                   | Cleaning of Stove           | Clean           | cleaning of stove top                    | \$30.00  |
| KITCHEN                   | Counter Top                 | Clean           |  | \$0.00   |
| KITCHEN                   | Floors                      | Clean           |  | \$0.00   |
| KITCHEN                   | Kitchen Sink                | Clean           |  | \$0.00   |
| KITCHEN                   | Microwave                   | Clean           | Cleaning of microwave                    | \$25.00  |
| BEDROOMS                  | Other                       | Clean           |  | \$0.00   |
| BATHROOM                  | Cleaning Bathroom           | Clean           | included in<br>cleaning of apt<br>charge | \$0.00   |
| CARPET                    | Replace Carpet 1<br>Bedroom | Replace         | No charge- 5 years                       | \$0.00   |
| Additional Damage         | Charges                     |                 |  |          |

| LIVING ROOM:       |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



| Plank Flooring: | Not Ok |
|-----------------|--------|
| Charges Type    | Clean  |
| Charges         |        |
| Comment         | Clean  |



| Walls / Outlets:  | Ok |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | Ok |

| Walls / Outlets:  | Ok |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

| KITCHEN:               |        |
|------------------------|--------|
| Backsplash:            | Ok     |
| Cabinets:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



| Counter Top: | Not Ok |
|--------------|--------|
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



Dishwasher:

| Drip Pan:       | Ok     |
|-----------------|--------|
| Electric Meter: | Ok     |
| Faucet:         | Ok     |
| Faucet Knobs:   | Ok     |
| Floors:         | Not Ok |
| Charges Type    | Clean  |
| Charges         |        |
| Comment         | Clean  |



| Formica/Tiles:    | Ok     |
|-------------------|--------|
| Garbage Disposal: | Ok     |
| Kitchen Sink:     | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Clean  |



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



| Other:            | Ok |
|-------------------|----|
| Oven / Range:     | Ok |
| Oven Door Handle: | Ok |
| Oven Racks:       | Ok |
| Range Top:        | Ok |

| Refrigerator (Freezer): |        |
|-------------------------|--------|
| Cleaning Refrigerator:  | Not Ok |
| Charges Type            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer):        |    |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer):             |    |
|-------------------------------------|----|
| Refrigerator Crisper Glass/Plastic: | Ok |

| Rubber Stopper: | - |
|-----------------|---|
|-----------------|---|

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



| Plank Flooring:   | 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  |



| 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           Plank Flooring:         Ok           Remove Mildew on Tiles:         Ok           Shower Curtain Bar:         Ok           Sink:         Ok           Soad Dish (Tub):         Ok           Soap Dish (Sink):         Ok           Toilet Paper Holder:         Ok           Toilet Paper Holder:         Ok           Towel Bar:         Ok           Tub Knob(s):         Ok           Vanity Cabinet:         Ok           Wall Outlets:         Ok           Wall Outlets:         Ok | Complete Toilet:   | Ok |
|--|--|----|
| Formica / Tile:  Is there signs of moisture from outside in the apartment?:  Ok  Medicine Cabinet: Ok  Mirror Cabinet: Ok  Other: Ok  Plank Flooring: Ok  Remove Mildew on Tiles: Ok  Shower Curtain Bar: Ok  Sink: Ok  Soad Dish (Tub): Ok  Soap Dish (Sink): Ok  Toilet Paper Holder: Ok  Towel Bar: Towel Bar: Ok  Tub Reglazing: Ok  Wanity Cabinet: Ok  Wall Outlets: Ok  | Counter Top:   | Ok |
| Is there signs of moisture from outside in the apartment?:  Medicine Cabinet:  Ok  Mirror Cabinet:  Ok  Other:  Ok  Plank Flooring:  Ok  Remove Mildew on Tiles:  Ok  Shower Curtain Bar:  Ok  Sink:  Ok  Soad Dish (Tub):  Ok  Soap Dish (Sink):  Toilet Paper Holder:  Ok  Towel Bar:  Towel Bar:  Ok  Tub Reglazing:  Ok  Wanity Cabinet:  Ok  Wall Outlets:  Ok  Ok  Ok  Ok  Ok  Ok  Ok  Ok  Ok  O   | Floors:  | Ok |
| Medicine Cabinet:  Mirror Cabinet:  Ok  Other:  Ok  Plank Flooring:  Ok  Remove Mildew on Tiles:  Ok  Shower Curtain Bar:  Ok  Sink:  Ok  Soad Dish (Tub):  Ok  Soap Dish (Sink):  Toilet Paper Holder:  Toilet Tank:  Ok  Towel Bar:  Ok  Tub Knob(s):  Tub Reglazing:  Ok  Wall Outlets:  Ok  Ok  Ok  Ok  Ok  Ok  Ok  Ok  Ok  O  | Formica /Tile:   | Ok |
| Mirror Cabinet: Ok Other: Ok Plank Flooring: Ok Remove Mildew on Tiles: Ok Shower Curtain Bar: Ok Sink: Ok Soad Dish (Tub): Ok Soad Dish (Sink): Ok Toilet Paper Holder: Ok Towel Bar: Ok Tub Knob(s): Ok Vanity Cabinet: Ok Wall Outlets:   | Is there signs of moisture from outside in the apartment?: | Ok |
| Other: Other: Cok Plank Flooring: 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 Towel Bar: Ok Tub Knob(s): Ok  Vanity Cabinet: Ok Wall Outlets:   | Medicine Cabinet:  | Ok |
| Plank Flooring:  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 Towel Bar:  Ok Tub Knob(s):  Ok  Vanity Cabinet:  Ok Wall Outlets:   | Mirror Cabinet:  | Ok |
| Remove Mildew on Tiles:  Shower Curtain Bar:  Ok Shower Head:  Ok Sink:  Ok Soad Dish (Tub):  Ok Soap Dish (Sink):  Ok Toilet Paper Holder:  Ok Towel Bar:  Ok Tub Knob(s):  Ok  Tub Reglazing:  Ok Wall Outlets:  | Other:   | Ok |
| Shower Curtain Bar:  Ok Shower Head: Ok Sink: Ok Soad Dish (Tub): Ok Soap Dish (Sink): Ok Toilet Paper Holder: Ok Towel Bar: Ok Tub Knob(s): Ok Tub Reglazing: Ok Wall Outlets: Ok Ok Ok   | Plank Flooring:  | Ok |
| Shower Head:  Sink: Ok  Soad Dish (Tub): Ok  Soap Dish (Sink): Ok  Toilet Paper Holder: Ok  Towel Bar: Ok  Tub Knob(s): Ok  Tub Reglazing: Ok  Vanity Cabinet: Ok  Wall Outlets: Ok  | Remove Mildew on Tiles:                                    | 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 Wall Outlets: Ok   | Shower Curtain Bar:  | Ok |
| Soad Dish (Tub):  Soap Dish (Sink):  Cok  Toilet Paper Holder:  Cok  Towel Bar:  Cok  Tub Knob(s):  Cok  Tub Reglazing:  Cok  Wall Outlets:  Cok  Cok  Cok  Cok  Cok  Cok  Cok  Co   | Shower Head:   | Ok |
| Soap Dish (Sink):  Toilet Paper Holder:  Ok  Toilet Tank:  Ok  Towel Bar:  Ok  Tub Knob(s):  Ok  Tub Reglazing:  Ok  Vanity Cabinet:  Ok  Wall Outlets:  | Sink:  | Ok |
| Toilet Paper Holder:  Toilet Tank:  Ok  Towel Bar:  Ok  Tub Knob(s):  Ok  Tub Reglazing:  Ok  Vanity Cabinet:  Ok  Wall Outlets:  Ok  Ok   | Soad Dish (Tub):   | Ok |
| Toilet Tank:  Ok  Towel Bar: Ok  Tub Knob(s): Ok  Tub Reglazing: Ok  Vanity Cabinet: Ok  Wall Outlets: Ok  | Soap Dish (Sink):  | Ok |
| Towel Bar:  Tub Knob(s):  Ok  Tub Reglazing:  Ok  Vanity Cabinet:  Ok  Wall Outlets:  Ok   | Toilet Paper Holder:                                       | Ok |
| Tub Knob(s):  Ok  Tub Reglazing: Ok  Vanity Cabinet: Ok  Wall Outlets: Ok  | Toilet Tank:   | Ok |
| Tub Reglazing:  Vanity Cabinet:  Ok  Wall Outlets:  Ok   | Towel Bar:   | Ok |
| Vanity Cabinet:  Wall Outlets:  Ok  Ok   | Tub Knob(s):   | Ok |
| Wall Outlets: Ok   | Tub Reglazing:   | Ok |
|  | Vanity Cabinet:  | Ok |
| Window: 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: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



| 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 |
| 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 |
| Was personal property left behind?: | Ok |
| Window Screen(s) each:              | Ok |
| Window Sills:                       | Ok |

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

| Lindy Community Representative Name | Josh Kozich |
|-------------------------------------|-------------|
|                                     |             |

| Technician                           | Josh Kozich |
|--------------------------------------|-------------|
| Resident not available for signature | NO          |