

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|----------|--------|
| 12-22-2022 | Gregg Smith | Enclaves | 3968A1 |

| Approved By | Auto Approved |
|------------------------------|----------------|
| Resident Name | Benjamin Dixon |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | 12-22-2022 |

| Damage Summary | | | | |
|---------------------------|-------------------------|--------------|--------|---------|
| Main Category | Sub Category | Charges Type | Note | Charges |
| MISCELLANEOUS | Removal Of Bulk Items | Clean | | \$0.00 |
| MISCELLANEOUS | Remove Debris (Per Bag) | Clean | | \$0.00 |
| 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 |

| KITCHEN: | |
|---|----|
| 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 |

| 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: | 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 |

| DOORS: | |
|--------|--|
|--------|--|

| Apartment Door: | Ok |
|--------------------------------------|----|
| Apartment Door closes automatically: | Ok |
| Frame: | Ok |
| Hollow: | Ok |
| Solid Core & Steel: | Ok |

| CARPET: | |
|---------------------------|----|
| 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 |
| Clear Storage Locker: | Ok |
| Closet Shelves: | Ok |
| Exhaust Fan: | Ok |
| Fire extinguisher: | Ok |
| Mini Blind(s) each: | Ok |
| Phone Jack: | Ok |
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Debris everywhere |



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



| Sliding Mirror/Glass Door (2): | Ok |
|--------------------------------|----|
| Smoke Detector Alarm: | Ok |
| Vertical Blinds: | Ok |
| Vinly Tile Bathroom: | Ok |
| Vinly Tile Kitchen: | Ok |
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

| Lindy Community Representative Name | Gregg Smith |
|-------------------------------------|-------------|
| | |



| Technician | Gregg Smith |
|--------------------------------------|-------------|
| Resident not available for signature | YES |