



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|--------------|-------|
| 01-13-2026 | Nilsa Reyes | Joshua House | E0101 |

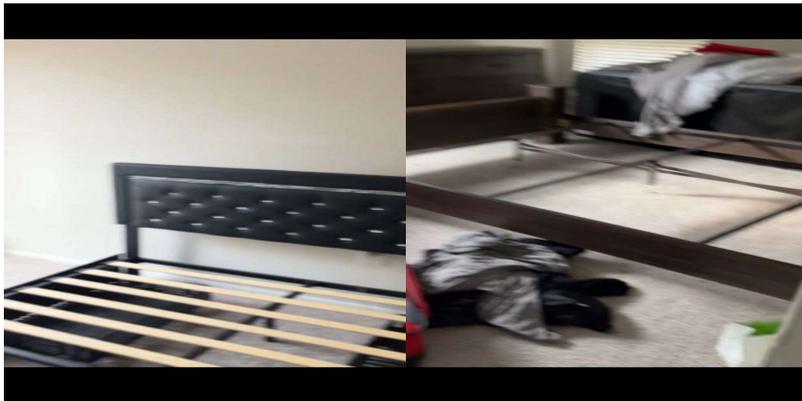
| | |
|---|---------------------------|
| Resident Name | Estate of Chauncey Cherry |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Dec-01-2026 |

| | |
|------------------------|----|
| KITCHEN: | |
| Backsplash: | Ok |
| Cabinets: | |
| Cabinet Door: | Ok |
| Cabinets: | |
| Cabinet Handle: | Ok |
| Cabinets: | |
| Cabinet Shelf: | Ok |
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Ok |
| Counter Top: | Ok |
| Dishwasher: | |
| Dishwasher Knob: | Ok |
| Dishwasher: | |
| Dishwasher Rack: | Ok |

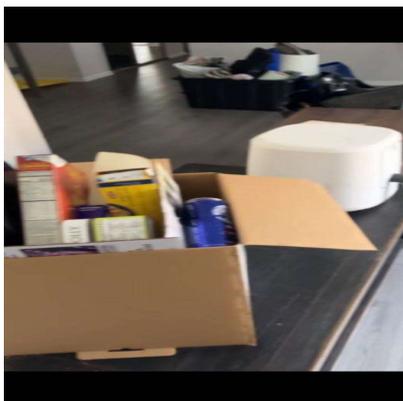
| | |
|--|----|
| Dishwasher: | |
| Dishwasher Silverware Holder: | Ok |
| Drip Pan: | Ok |
| Electric Meter: | Ok |
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Formica/Tiles: | Ok |
| Garbage Disposal: | Ok |
| Is there a FireAvert red box, plug, and solenoid?: | Ok |
| Kitchen Sink: | Ok |
| Microwave: | Ok |
| Other: | Ok |
| Oven / Range: | |
| Oven Cleaning: | Ok |
| Oven / Range: | |
| Oven door handle: | Ok |
| Oven / Range: | |
| Oven drip pan: | Ok |
| Oven / Range: | |
| Oven knobs: | Ok |
| Oven / Range: | |
| Oven Racks: | Ok |
| Oven / Range: | |
| Range burners: | Ok |
| Oven / Range: | |
| Range Hood: | Ok |
| Oven Door Handle: | Ok |
| Oven Racks: | Ok |

| | |
|-------------------------|----|
| Range Top: | Ok |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper: | Ok |
| Stove Knob: | Ok |
| Wall Outlets: | Ok |
| Washer/Dryer: | Ok |
| Window Coverings: | Ok |

| MISCELLANEOUS: | |
|--|---|
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | bed frames, box spring , 2 dressers, 2 mattresses and 1 table |



| | |
|--------------------------|-----------------|
| Remove Debris (Per Bag): | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | 3 bags of trash |



| | |
|-------------------------------------|--------|
| Was personal property left behind?: | No |
| Charges Type | |
| Charges | 0 |
| Was the resident locked out?: | Not Ok |
| Charges Type | |
| Charges | 0 |

| | |
|----------|--|
| Resident | |
|----------|--|

| | |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Nilsa Reyes |
|-------------------------------------|-------------|



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|--------------------------------------|-------------|
| Technician | Nilsa Reyes |
| Resident not available for signature | YES |
| Resident refused Signature | NO |