



# Move Out Inventory & Condition Form

| Inspection Date | Technician | Property    | Units |
|-----------------|------------|-------------|-------|
| 01-18-2021      | Paul Oneto | Meadowbrook | 413   |

|                              |                  |
|------------------------------|------------------|
| Resident Name                | Christine Murtha |
| Forwarding Mailing Address   | Not Available    |
| Date Resident Turned in Keys | Not Available    |

|                                     |    |
|-------------------------------------|----|
| <b>LIVING ROOM:</b>                 |    |
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Window:                             | Ok |
| Door / Closet:                      | Ok |
| Window coverings:                   | Ok |
| Other:                              | Ok |
| <b>KITCHEN:</b>                     |    |
| Electric Meter:                     | Ok |
| Cabinets:                           | Ok |
| Cabinet Door:                       | Ok |
| Cabinet Shelf:                      | Ok |
| Cabinet Handle:                     | Ok |
| Counter Top:                        | Ok |
| Refrigerator (Freezer):             | Ok |
| Refrigerator (Shelf and Bars):      | Ok |
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator:              | Ok |
| Dishwasher Rack:                    | Ok |
| Dishwasher Silverware Holder:       | Ok |

|                        |    |
|------------------------|----|
| Dishwasher Knob:       | Ok |
| Fire Stops:            | Ok |
| Formica/Tiles:         | Ok |
| Stove Knob:            | Ok |
| Microwave:             | Ok |
| Cleaning of Stove:     | Ok |
| Ceiling Lights:        | Ok |
| Garbage Disposal:      | Ok |
| Rubber Stopper:        | Ok |
| Oven Door Handle:      | Ok |
| Oven Racks:            | Ok |
| Kitchen Sink:          | Ok |
| Faucet Knobs:          | Ok |
| Floors:                | Ok |
| Faucet:                | Ok |
| Drip Pan:              | Ok |
| Range Hood:            | Ok |
| Range Top:             | Ok |
| Ceiling Light Fixture: | Ok |
| Backsplash:            | Ok |
| Ceiling Fan:           | Ok |
| Washer/Dryer:          | Ok |
| Wall Outlets:          | Ok |
| Window Coverings:      | Ok |
| Other:                 | Ok |
| <b>BATHROOM:</b>       |    |
| Medicine Cabinet:      | Ok |
| Mirror Cabinet:        | Ok |
| Vanity Cabinet:        | Ok |
| Sink:                  | Ok |
| Toilet Tank Cover:     | Ok |
| Toilet Tank:           | Ok |
| Toilet Bowl:           | Ok |
| Complete Toilet:       | Ok |

|                                                                           |    |
|---------------------------------------------------------------------------|----|
| Toilet Paper Holder:                                                      | Ok |
| Shower Head:                                                              | Ok |
| Tub Knob(s):                                                              | Ok |
| Shower Curtain Bar:                                                       | Ok |
| Towel Bar:                                                                | Ok |
| Tub Reglazing:                                                            | Ok |
| Counter Top:                                                              | Ok |
| Soap Dish (Sink):                                                         | Ok |
| Soad Dish (Tub):                                                          | Ok |
| Remove Mildew on Tiles:                                                   | Ok |
| Cleaning Bathroom:                                                        | Ok |
| Wall Outlets:                                                             | Ok |
| Ceiling Lights:                                                           | Ok |
| Floors:                                                                   | Ok |
| Formica /Tile:                                                            | Ok |
| Cabinets / Mirror:                                                        | Ok |
| Window:                                                                   | Ok |
| Other:                                                                    | Ok |
| Is there signs of moisture from outside in the apartment?:                | Ok |
| <b>LOCKS:</b>                                                             |    |
| Door Lock:                                                                | Ok |
| Door Knob:                                                                | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:                                                            | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| <b>DOORS:</b>                                                             |    |
| Apartment Door:                                                           | Ok |
| Solid Core & Steel:                                                       | Ok |
| Frame:                                                                    | Ok |
| Hollow:                                                                   | Ok |
| <b>PAINTING:</b>                                                          |    |
| Over Dark Colors (Per Room):                                              | Ok |
| Holes in Walls (Each Hole):                                               | Ok |
| Wallpaper Removal (Per Room):                                             | Ok |

|                                 |    |
|---------------------------------|----|
| Border Removal (Per Room):      | Ok |
| <b>CARPET:</b>                  |    |
| Shampoo 1 Bedroom:              | Ok |
| Shampoo 2 Bedroom:              | Ok |
| Stain Removal:                  | Ok |
| Burns:                          | Ok |
| Deodorize:                      | Ok |
| Pet Treatment (Odor):           | Ok |
| Replace Carpet 1 Bedroom:       | Ok |
| Replace Carpet 2 Bedroom:       | Ok |
| <b>MISCELLANEOUS:</b>           |    |
| Remove Debris (Per Bag):        | Ok |
| Removal Of Bulk Items:          | Ok |
| Clear Storage Locker:           | Ok |
| Closet Shelves:                 | Ok |
| Window Sills:                   | Ok |
| Window Screen(s) each:          | Ok |
| Broken Window Glass (Per Pane): | Ok |
| Mini Blind(s) each:             | Ok |
| Vertical Blinds:                | Ok |
| Sliding Mirror/Glass Door (2):  | Ok |
| Carbon Monoxide Detector:       | Ok |
| Smoke Detector Alarm:           | Ok |
| Fire extinguisher:              | Ok |
| Cabinet Equipment:              | Ok |
| Vinly Tile Kitchen:             | Ok |
| Vinly Tile Bathroom:            | Ok |
| Exhaust Fan:                    | Ok |
| Phone Jack:                     | Ok |
| Fan Blades:                     | Ok |
| Light Globes:                   | Ok |
| Door Intercom System:           | Ok |
| Switch Plate Covers:            | Ok |
| Rallings:                       | Ok |

|                                                                                              |    |
|----------------------------------------------------------------------------------------------|----|
| Outside Lights:                                                                              | Ok |
| Stoppage by foreign object in any drain:                                                     | Ok |
| Thermostat Cover:                                                                            | Ok |
| Cleaning of Apartment:                                                                       | Ok |
| Common Area damaged during moveout:                                                          | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| <b>OVERALL:</b>                                                                              |    |
| Signs of Moisture outside the apartment:                                                     | Ok |
| Signs of Moisture inside the apartment:                                                      | Ok |
| Resident                                                                                     |    |

|                                     |            |
|-------------------------------------|------------|
| Lindy Community Representative Name | Paul Oneto |
|-------------------------------------|------------|



|                                      |            |
|--------------------------------------|------------|
| Technician                           | Paul Oneto |
| Resident not available for signature | YES        |
| Resident refused Signature           | NO         |