



## Move Out Inventory & Condition Form

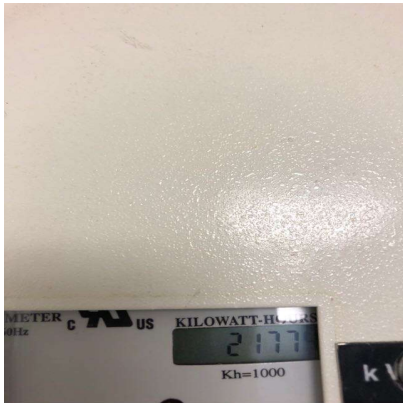
| Inspection Date | Technician   | Property          | Units  |
|-----------------|--------------|-------------------|--------|
| 02-24-2020      | John Saurman | Towers at Wyncote | PH10-3 |

|                     |        |
|---------------------|--------|
| <b>CLEANLINESS:</b> |        |
| Swept / Mopped:     | Ok     |
| Closets cleared:    | Ok     |
| Frig /Stove clean:  | Ok     |
| No personal items:  | Not Ok |
| Charges Type        | Clean  |
| Charges             |        |
| Comment             | Clean  |



|                     |    |
|---------------------|----|
| Other:              | Ok |
| <b>LIVING ROOM:</b> |    |
| Walls / Outlets:    | Ok |
| Ceilings / Lights:  | Ok |
| Window:             | Ok |
| Door / Closet:      | Ok |
| Window coverings:   | Ok |
| Other:              | Ok |
| <b>DINING ROOM:</b> |    |

|                    |        |
|--------------------|--------|
| Walls / Outlets:   | Ok     |
| Ceilings / Lights: | Ok     |
| Window:            | Ok     |
| Window coverings:  | Ok     |
| <b>KITCHEN:</b>    |        |
| Electric Meter:    | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                                     |    |
|-------------------------------------|----|
| 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>BEDROOMS:</b>       |         |
| Walls / Outlets:       | Ok      |
| Ceilings / Lights:     | Ok      |
| Floors / Carpet:       | Not Ok  |
| Charges Type           | Replace |
| Charges                |         |
| Comment                | Replace |



|                   |         |
|-------------------|---------|
| Window:           | Ok      |
| Window coverings: | Not Ok  |
| Charges Type      | Replace |
| Charges           |         |
| Comment           | Replace |



|                      |    |
|----------------------|----|
| Door / Closet:       | 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>KEYS:</b>                                                              |    |
| Failure To Return Apartment Key:                                          | Ok |
| Failure To Return Mailbox Key:                                            | 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:  | Not Ok  |
| Charges Type               | Replace |
| Charges                    |         |
| Comment                    | Replace |



|                        |        |
|------------------------|--------|
| <b>MISCELLANEOUS:</b>  |        |
| Removal Of Bulk Items: | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



|                                          |    |
|------------------------------------------|----|
| 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 | John Saurman |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Forwarding Mailing Address           |              |
| Date Resident Turned in Keys         |              |
| Technician                           | John Saurman |
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |