



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property       | Units |
|-----------------|----------------|----------------|-------|
| 02-26-2024      | Andrea Reusser | Rosedale Court | G09   |

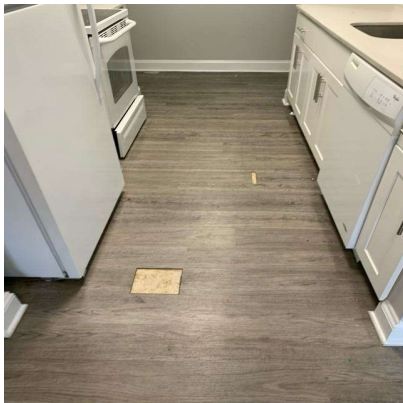
|                              |                 |
|------------------------------|-----------------|
| Resident Name                | Benjamin Barnes |
| Forwarding Mailing Address   | See Yarsi       |
| Date Resident Turned in Keys | Feb-17-2024     |

| 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:            | Not Ok                                                  |
| Charges Type      | Repair                                                  |
| Charges           |                                                         |
| Comment           | Floor tiles shifting, not installed properly. No charge |



|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| 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 |

| <b>BEDROOMS:</b>   |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| <b>BATHROOM:</b>                                           |                                            |
|------------------------------------------------------------|--------------------------------------------|
| 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:                                          | Not Ok                                     |
| Charges Type                                               | Replace                                    |
| Charges                                                    |                                            |
| Comment                                                    | Replace rusty and peeling finish no charge |



|                         |    |
|-------------------------|----|
| 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:      | Not Ok                                       |
| Charges Type         | Repair                                       |
| Charges              |                                              |
| Comment              | Toilet paper holder taped to side of vanity. |



|               |    |
|---------------|----|
| Wall Outlets: | Ok |
| Window:       | Ok |

| <b>LOCKS:</b>                                                             |    |
|---------------------------------------------------------------------------|----|
| 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 |

| <b>KEYS:</b>                     |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

| <b>DOORS:</b>   |    |
|-----------------|----|
| Apartment Door: | Ok |

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

| <b>PAINTING:</b>              |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

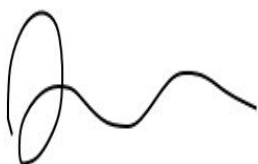
| <b>CARPET:</b>            |    |
|---------------------------|----|
| Burns:                    | Ok |
| Deodorize:                | Ok |
| Pet Treatment (Odor):     | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

| <b>MISCELLANEOUS:</b>                                                                        |    |
|----------------------------------------------------------------------------------------------|----|
| 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?:      | No |
| Charges Type                             |    |
| Charges                                  | 0  |
| Window Screen(s) each:                   | Ok |
| Window Sills:                            | Ok |

|                                          |    |
|------------------------------------------|----|
| <b>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|                                                                                       |  |
|---------------------------------------------------------------------------------------|--|
| Resident                                                                              |  |
| <div> <div>Lindy Community Representative Name</div> <div>Andrea Reusser</div> </div> |  |

A handwritten signature in black ink, consisting of a large loop followed by a series of smaller, connected loops and a final horizontal stroke.

|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Andrea Reusser |
| Resident not available for signature | YES            |
| Resident refused Signature           | NO             |