

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician   | Property         | Units |
|-----------------|--------------|------------------|-------|
| 03-03-2022      | Dudlow Blake | Fountain Gardens | C331  |

| Resident Name                | Vitaliy Aronzon |
|------------------------------|-----------------|
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Not Available   |

|                      | Amenities to be added to this Unit |
|----------------------|------------------------------------|
| Kitchen Upgrade Prem |                                    |
| Balcony              |                                    |

| 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 |
| Fire Stops:             | 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 |
| 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:          |                 |
|--------------------|-----------------|
| Cleaning Bathroom: | Not Ok          |
| Charges Type       | Clean           |
| Charges            |                 |
| Comment            | Cleaning needed |



| LOCKS:  |    |
|---|----|
| 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 |

| KEYS:                            |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

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

| PAINTING:                   |    |
|-----------------------------|----|
| Border Removal (Per Room):  | Ok |
| Holes in Walls (Each Hole): | Ok |

| Over Dark Colors (Per Room):  | Ok |
|-------------------------------|----|
| Wallpaper Removal (Per Room): | 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:         |                 |
|------------------------|-----------------|
| Fire extinguisher:     | Ok              |
| Removal Of Bulk Items: | Not Ok          |
| Charges Type           | Clean           |
| Charges                |                 |
| Comment                | Cleaning needed |



| OVERALL:                                 |    |
|--|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

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

| Lindy Community Representative Name | Lindy | / Community | Representative | Name |
|-------------------------------------|-------|-------------|----------------|------|
|-------------------------------------|-------|-------------|----------------|------|

Dudlow Blake



| Technician                           | Dudlow Blake |
|--------------------------------------|--------------|
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |