



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
03-05-2025	Thomas Neal	York House (South)	1015

Resident Name	Robert Adams
Forwarding Mailing Address	707 N Markoe St Philadelphia Pa. 19139
Date Resident Turned in Keys (For evictions - date all belongings were removed)	Mar-05-2025

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:	
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
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):		
Cleaning Refrigerator:		Ok

Refrigerator (Freezer):		
Refrigerator (Drawers):		Ok

Refrigerator (Freezer):		
Refrigerator (Shelf and Bars):		Ok

Refrigerator (Freezer):		
Refrigerator Crisper Glass/Plastic:		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

BEDROOMS:		
Ceilings / Lights:		Ok
Door / Closet:		Ok
Floors / Carpet:		Ok

Other:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Ok

BATHROOM:	
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:	Ok
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:	Ok
Wall Outlets:	Ok
Window:	Ok

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:	
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
Date of Installation	2025-03-05
If there are sprinkler heads, are they painted?:	Yes
If there are sprinklers, are the sprinkler pipes painted?:	Yes
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 the resident locked out?:	Not Ok
Charges Type	
Charges	0
Window Screen(s) each:	Ok
Window Sills:	Ok

OVERALL:	
Signs of Moisture inside the apartment:	Ok

Signs of Moisture outside the apartment:	Ok
--	----

Resident	Robert Adams
----------	--------------

Lindy Community Representative Name	Thomas Neal
-------------------------------------	-------------



Technician	Thomas Neal
------------	-------------

Resident not available for signature	YES
--------------------------------------	-----

Resident refused Signature	NO
----------------------------	----