



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property        | Units |
|-----------------|----------------|-----------------|-------|
| 03-06-2025      | Ronald Francis | Haverford Court | W317  |

|   |               |
|---|---------------|
| Resident Name   | Shana Simon   |
| Forwarding Mailing Address  | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Mar-03-2025   |

| LIVING ROOM:       |                                  |
|--------------------|----------------------------------|
| Ceilings / Lights: | Ok                               |
| Door / Closet:     | Ok                               |
| Other:             | Not Ok                           |
| Charges Type       | Replace                          |
| Charges            |                                  |
| Comment            | Plank floor is full of dog urine |



|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Walls / Outlets:   | Ok |

|                   |     |
|-------------------|-----|
| Window:           | N/A |
| Window coverings: | N/A |

|                        |           |
|------------------------|-----------|
| <b>KITCHEN:</b>        |           |
| Backsplash:            | N/A       |
| Ceiling Fan:           | Ok        |
| Ceiling Light Fixture: | Ok        |
| Ceiling Lights:        | Ok        |
| Cleaning of Stove:     | Not Ok    |
| Charges Type           | Clean     |
| Charges                |           |
| Comment                | Not clean |

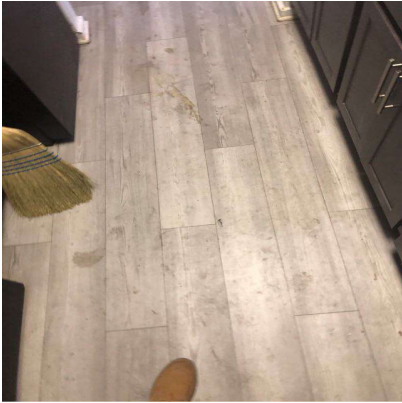


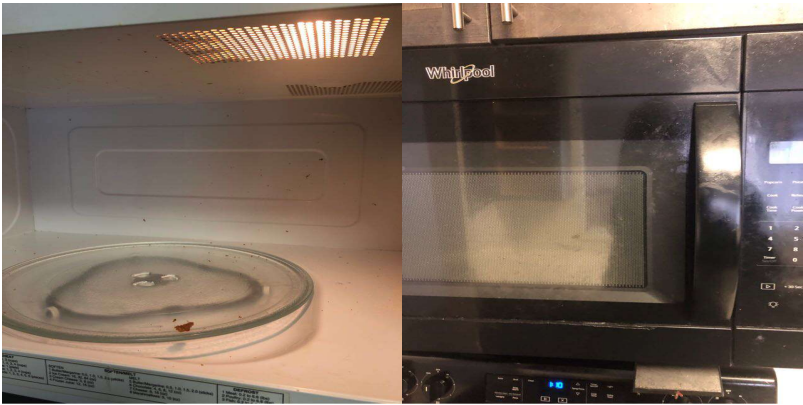
|                    |    |
|--------------------|----|
| <b>Dishwasher:</b> |    |
| Dishwasher Knob:   | Ok |

|                    |    |
|--------------------|----|
| <b>Dishwasher:</b> |    |
| Dishwasher Rack:   | Ok |

|                               |    |
|-------------------------------|----|
| <b>Dishwasher:</b>            |    |
| Dishwasher Silverware Holder: | Ok |

|                 |        |
|-----------------|--------|
| Drip Pan:       | Ok     |
| Electric Meter: | N/A    |
| Faucet:         | Ok     |
| Faucet Knobs:   | Ok     |
| Floors:         | Not Ok |
| Charges Type    | Clean  |
| Charges         |        |

|   |                           |
|---|---------------------------|
| Comment   | Not clean !! Animal urine |
|  |                           |
| Formica/Tiles:  | Ok                        |
| Garbage Disposal:   | Ok                        |
| Kitchen Sink:   | Ok                        |
| Microwave:  | Not Ok                    |
| Charges Type  | Clean                     |
| Charges   |                           |
| Comment   | Not clean                 |



|        |    |
|--------|----|
| Other: | Ok |
|--------|----|

| Oven / Range:  |           |
|----------------|-----------|
| Oven Cleaning: | Not Ok    |
| Charges Type   | Clean     |
| Charges        |           |
| Comment        | Not clean |



| 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:  | Not Ok    |
| Charges Type            | Clean     |
| Charges                 |           |
| Comment                 | Not clean |



| 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:   | N/A |
| Window Coverings:   | Ok  |

| BEDROOMS:          |    |
|--------------------|----|
| 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:  | Ok  |
| Mirror Cabinet:  | Ok  |
| Other:   | Ok  |
| Remove Mildew on Tiles:                                    | Ok  |
| Shower Curtain Bar:  | Ok  |
| Shower Head:   | Ok  |
| Sink:  | Ok  |
| Soad Dish (Tub):   | N/A |
| Soap Dish (Sink):  | N/A |
| Toilet Paper Holder:                                       | Ok  |
| Toilet Tank:   | Ok  |
| Towel Bar:   | Ok  |
| Tub Knob(s):   | Ok  |
| Tub Reglazing:   | Ok  |
| Vanity Cabinet:  | Ok  |
| Wall Outlets:  | Ok  |
| Window:  | N/A |

| <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: | Not Ok  |
| Charges Type                     | Replace |
| Charges                          |         |
| Comment                          | No key  |
| Failure To Return Mailbox Key:   | Not Ok  |
| Charges Type                     | Replace |
| Charges                          |         |
| Comment                          | No key  |

| <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:                | N/A             |
| Deodorize:            | Ok              |
| Pet Treatment (Odor): | Not Ok          |
| Charges Type          | Clean           |
| Charges               |                 |
| Comment               | For urine smell |



|                           |     |
|---------------------------|-----|
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 1 Bedroom:        | N/A |
| Shampoo 2 Bedroom:        | N/A |
| Stain Removal:            | N/A |

| MISCELLANEOUS:                  |                               |
|---------------------------------|-------------------------------|
| Broken Window Glass (Per Pane): | Ok                            |
| Cabinet Equipment:              | Ok                            |
| Carbon Monoxide Detector:       | Ok                            |
| Cleaning of Apartment:          | Not Ok                        |
| Charges Type                    | Clean                         |
| Charges                         |                               |
| Comment                         | Floor not clean an appliances |



|                                     |     |
|-------------------------------------|-----|
| Clear Storage Locker:               | Ok  |
| Closet Shelves:                     | Ok  |
| Common Area damaged during moveout: | Ok  |
| Door Intercom System:               | N/A |
| Exhaust Fan:                        | Ok  |

|  |            |
|--|------------|
| Fan Blades:  | Ok         |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | N/A        |
| Light Globes:  | Ok         |
| Mini Blind(s) each:  | Ok         |
| Outside Lights:  | Ok         |
| Phone Jack:  | Ok         |
| Rallings:  | N/A        |
| Removal Of Bulk Items:   | Not Ok     |
| Charges Type   | Clean      |
| Charges  |            |
| Comment  | left couch |



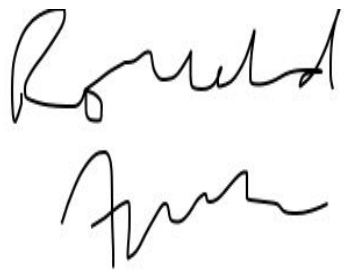
|  |        |
|--|--------|
| Sliding Mirror/Glass Door (2):           | Ok     |
| Smoke Detector Alarm:                    | Ok     |
| Stoppage by foreign object in any drain: | Ok     |
| Switch Plate Covers:                     | Ok     |
| Thermostat Cover:                        | Ok     |
| Vertical Blinds:                         | Ok     |
| Vinly Tile Bathroom:                     | N/A    |
| Vinly Tile Kitchen:                      | Ok     |
| Was personal property left behind?:      | No     |
| Charges Type                             |        |
| Charges                                  | 0      |
| Was the resident locked out?:            | Not Ok |
| 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 | W317 |
|----------|------|

|                                     |                |
|-------------------------------------|----------------|
| Lindy Community Representative Name | Ronald Francis |
|-------------------------------------|----------------|



|                                      |                |
|--------------------------------------|----------------|
| Technician                           | Ronald Francis |
| Resident not available for signature | YES            |
| Resident refused Signature           | NO             |