



# Move Out Inventory & Condition Form

| Inspection Date | Technician      | Property            | Units |
|-----------------|-----------------|---------------------|-------|
| 03-09-2020      | Stephen Cofield | Gardens of Mt. Airy | A09   |

|                     |         |
|---------------------|---------|
| <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>     |         |
| Cleaning of Stove:  | Not Ok  |
| Charges Type        | Clean   |
| Charges             |         |
| Comment             | See pic |



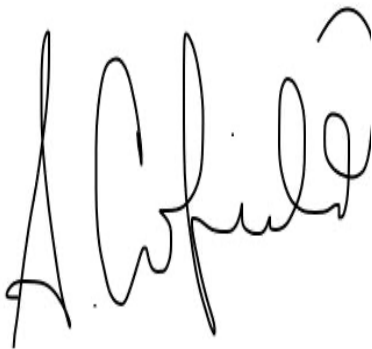
|                         |    |
|-------------------------|----|
| <b>BEDROOMS:</b>        |    |
| Walls / Outlets:        | Ok |
| Ceilings / Lights:      | Ok |
| Floors / Carpet:        | Ok |
| Window:                 | Ok |
| Window coverings:       | Ok |
| Door / Closet:          | Ok |
| Other:                  | 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:                                                 | Ok |
| <b>MISCELLANEOUS:</b>                                                     |    |
| Remove Debris (Per Bag):                                                  | Ok |
| Removal Of Bulk Items:                                                    | Ok |
| 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 inside the apartment:                                                      | Ok |
| Signs of Moisture outside the apartment:                                                     | Ok |
| <b>RENOVATED UNITS:</b>                                                                      |    |
| Make sure all wires are connected properly and tight and correct wire nut use.:              | Ok |
| Plastic boxes are not to be surface-mounted, with a utility box.:                            | Ok |
| Disposal and dishwasher are to be plug in and not hot hard wired.:                           | Ok |
| No stabbing of wires into the back of outlet, they are to be put around the screw.:          | Ok |

|                                                                                           |    |
|-------------------------------------------------------------------------------------------|----|
| All electrical boxes are to be secure in place and not hanging.:                          | Ok |
| Do not overload the circuits.:                                                            | Ok |
| On GFCI outlets the hot wire goes to the line side on the fixture and not the load side.: | Ok |
| Ground wires are to be hook up.:                                                          | Ok |
| <b>BATHROOM RENOVATION:</b>                                                               |    |
| Install new 1/2 inch ball valves and remove the old gates valves.:                        | Ok |
| Using 1/2 inch hardi board around the wet area of the tub.:                               | Ok |
| Remove of old drums trap and installing P traps for tub drains.:                          | Ok |
| Replace the 1/2 inch copper water lines.:                                                 | Ok |
| Removal of all sheetrock in the bathroom.:                                                | Ok |
| Resident                                                                                  |    |

|                                     |                 |
|-------------------------------------|-----------------|
| Lindy Community Representative Name | Stephen Cofield |
|-------------------------------------|-----------------|



|                                      |                 |
|--------------------------------------|-----------------|
| Forwarding Mailing Address           |                 |
| Date Resident Turned in Keys         |                 |
| Technician                           | Stephen Cofield |
| Resident not available for signature | NO              |
| Resident refused Signature           | NO              |