

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

| Inspection Date | Technician    | Property                | Units |
|-----------------|---------------|-------------------------|-------|
| 03-11-2024      | Billie Schott | Crossings at Stanbridge | 524   |

| Resident Name                | Abdoul Diallo |
|------------------------------|---------------|
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Mar-09-2024   |

| Amenities to be added to this Unit |  |
|------------------------------------|--|
| Plank Flooring                     |  |

| 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:            | Not Ok                       |
| Charges Type       | Repair                       |
| Charges            |                              |
| Comment            | Screen ripped needs replaced |



Window coverings: Ok

| KITCHEN:               |        |
|------------------------|--------|
| Backsplash:            | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Dirty  |



Counter Top:

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Knob: | Ok |

| Dishwasher:      |         |
|------------------|---------|
| Dishwasher Rack: | Not Ok  |
| Charges Type     | Replace |
| Charges          |         |
| Comment          | Dirty   |



| 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:                    | Not Ok        |
| Charges Type                  | Replace       |
| Charges                       |               |
| Comment                       | Handle broken |



Other:

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



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



| Range Top:   | Not Ok |
|--------------|--------|
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Dirty  |



| 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 |

| BATHROOM:          |        |
|--------------------|--------|
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Dirty  |



| 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  | Damaged |



| Mirror Cabinet:         | N/A    |
|-------------------------|--------|
| 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:          | Not Ok |
| Charges Type            | Repair |
| Charges                 |        |
| Comment                 | Needs  |



| Vanity Cabinet: | Ok |
|-----------------|----|
| Wall Outlets:   | Ok |

| Locke.  |    |
|---|----|
| 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 |

Ok

Window:

| 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   |     | 2021-08-11 |
| 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?:  |     | Yes        |
| Estimated Value of Personal Property is.   | \$0 |            |
| Window Screen(s) each:   |     | Ok         |
| Window Sills:  |     | Ok         |

| Lindy Community Representative Name | Billie Schott |
|-------------------------------------|---------------|
|                                     |               |

| Technician                           | Billie Schott |
|--------------------------------------|---------------|
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |