

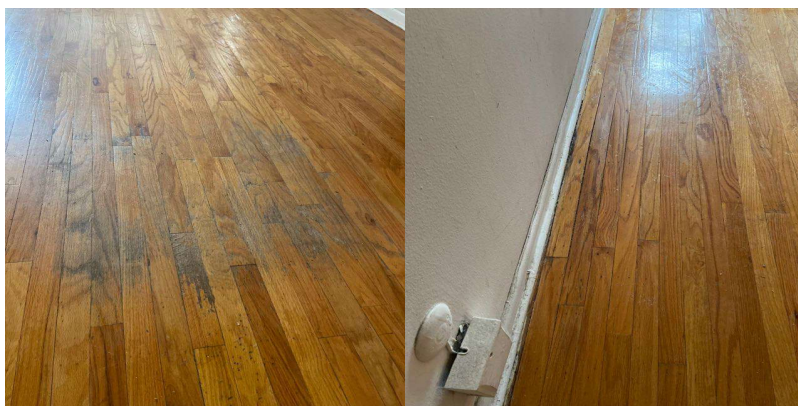


# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property    | Units |
|-----------------|---------------|-------------|-------|
| 03-14-2023      | Joseph Cooper | Willow Bend | A307  |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Kevin Lewis   |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Mar-14-2023   |

|                     |        |
|---------------------|--------|
| <b>LIVING ROOM:</b> |        |
| Ceilings / Lights:  | Ok     |
| Door / Closet:      | Ok     |
| Other:              | Not Ok |
| Charges Type        | Repair |
| Charges             |        |
| Comment             | Repair |



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

|                     |    |
|---------------------|----|
| <b>DINING ROOM:</b> |    |
| Ceilings / Lights:  | Ok |
| Walls / Outlets:    | Ok |

|                   |    |
|-------------------|----|
| Window:           | Ok |
| Window coverings: | Ok |

|                 |  |
|-----------------|--|
| <b>KITCHEN:</b> |  |
|-----------------|--|

|             |    |
|-------------|----|
| Backsplash: | Ok |
|-------------|----|

|                  |    |
|------------------|----|
| <b>Cabinets:</b> |    |
| Cabinet Door:    | Ok |

|                  |    |
|------------------|----|
| <b>Cabinets:</b> |    |
| Cabinet Handle:  | Ok |

|                  |                                  |
|------------------|----------------------------------|
| <b>Cabinets:</b> |                                  |
| Cabinet Shelf:   | Not Ok                           |
| Charges Type     | Replace                          |
| Charges          |                                  |
| Comment          | Repair, Replace shelf, and clean |



|              |    |
|--------------|----|
| Ceiling Fan: | Ok |
|--------------|----|

|                        |    |
|------------------------|----|
| Ceiling Light Fixture: | Ok |
|------------------------|----|


|                 |    |
|-----------------|----|
| Ceiling Lights: | Ok |
|-----------------|----|

|                    |    |
|--------------------|----|
| Cleaning of Stove: | Ok |
|--------------------|----|

|              |    |
|--------------|----|
| Counter Top: | Ok |
|--------------|----|

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

|                    |    |
|--------------------|----|
| <b>Dishwasher:</b> |    |
| 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:   |  | Not Ok |
| Charges Type   |  | Clean  |
| Charges  |  |        |
| Comment  |  | Clean  |
|  |  |        |
| Other:   |  | Ok     |

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



| Oven / Range:     |                                   |
|-------------------|-----------------------------------|
| Oven door handle: | Not Ok                            |
| Charges Type      | Replace                           |
| Charges           |                                   |
| Comment           | Replace - oven door hinges broken |



| 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                 | 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:   | Ok |



|                   |    |
|-------------------|----|
| Window Coverings: | Ok |
|-------------------|----|

|                    |         |
|--------------------|---------|
| <b>BEDROOMS:</b>   |         |
| Ceilings / Lights: | Ok      |
| Door / Closet:     | Not Ok  |
| Charges Type       | Replace |
| Charges            |         |
| Comment            | Replace |



|                  |         |
|------------------|---------|
| Floors / Carpet: | Not Ok  |
| Charges Type     | Replace |
| Charges          |         |
| Comment          | Replace |



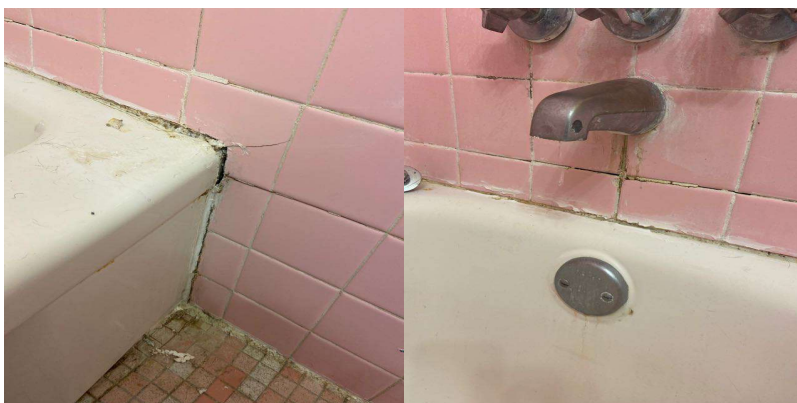
|                   |    |
|-------------------|----|
| Other:            | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

|                    |    |
|--------------------|----|
| <b>BATHROOM:</b>   |    |
| Cabinets / Mirror: | Ok |
| Ceiling Lights:    | Ok |

|                    |        |
|--------------------|--------|
| Cleaning Bathroom: | Ok     |
| Complete Toilet:   | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|  |                                      |
|--|--------------------------------------|
| Counter Top:   | Ok                                   |
| Floors:  | Ok                                   |
| Formica /Tile:   | Ok                                   |
| Is there signs of moisture from outside in the apartment?: | Not Ok                               |
| Charges Type   | Repair                               |
| Charges  |                                      |
| Comment  | Tub leaking -tile and drywall damage |



|                         |    |
|-------------------------|----|
| 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 |

|   |    |
|---|----|
| <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: | Ok |
| Failure To Return Mailbox Key:   | Ok |

|                                      |    |
|--------------------------------------|----|
| <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:                    | 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 |

| <b>MISCELLANEOUS:</b>  |    |
|--|----|
| 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 |
| 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 |
| 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 |  |
|----------|--|

|                                     |               |
|-------------------------------------|---------------|
| Lindy Community Representative Name | Joseph Cooper |
|-------------------------------------|---------------|



|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Joseph Cooper |
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |