

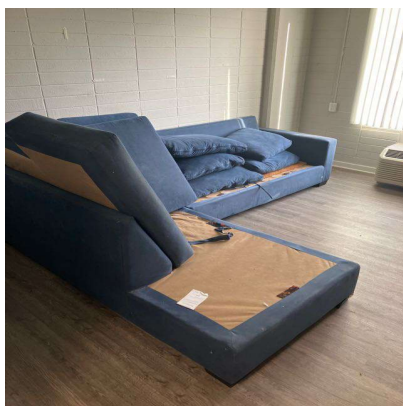


# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property        | Units |
|-----------------|-------------|-----------------|-------|
| 03-15-2024      | Thomas Neal | Academia Suites | G206  |

|                              |                 |
|------------------------------|-----------------|
| Resident Name                | Taikesha Ennett |
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Feb-29-2024     |

| LIVING ROOM:       |                |
|--------------------|----------------|
| Ceilings / Lights: | Ok             |
| Door / Closet:     | Ok             |
| Other:             | Not Ok         |
| Charges Type       | Clean          |
| Charges            |                |
| Comment            | Left furniture |



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

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

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

| <b>KITCHEN:</b>                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Backsplash:                                                                                   | Ok |
| Cabinets:                                                                                     | Ok |
| Ceiling Fan:                                                                                  | Ok |
| Ceiling Light Fixture:                                                                        | Ok |
| Ceiling Lights:                                                                               | Ok |
| Cleaning of Stove:                                                                            | Ok |
| Counter Top:                                                                                  | Ok |
| Dishwasher:                                                                                   | 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:                                                                                 | Ok |
| Oven Door Handle:                                                                             | Ok |
| Oven Racks:                                                                                   | Ok |
| Range Top:                                                                                    | Ok |
| Refrigerator (Freezer):                                                                       | 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:     | Ok       |
| Floors / Carpet:   | Ok       |
| Comment            | Left bed |



|                   |    |
|-------------------|----|
| 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):                                           | 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): | Not Ok  |
| Charges Type                 | Repair  |
| Charges                      |         |
| Comment                      | Bedroom |



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

2024-03-15

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 |
| <div> <div>Estimated Value of Personal Property is.</div> <div>\$0</div> </div> |     |
| 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                                            | Taikesha Ennett |
| <div> <div> <div>/</div> <div> </div> </div> </div> |                 |
| Lindy Community Representative Name                 | Thomas Neal     |

1/NOA

|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Thomas Neal |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |