



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|--------------|-------|
| 03-18-2025 | Dudlow Blake | Joshua House | C0307 |

| | |
|---|---------------|
| Resident Name | Odell Merritt |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Mar-18-2025 |

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

| KITCHEN: | |
|--------------------|----------|
| Cleaning of Stove: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| | |
|--------------|----------|
| Microwave: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| | |
|---|----|
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | 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: | 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): | Ok |
| Wallpaper Removal (Per Room): | Ok |

| CARPET: | |
|---------------------------|---------|
| Replace Carpet 1 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace |



| MISCELLANEOUS: | |
|------------------------|----------|
| Cleaning of Apartment: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| | |
|--|------------|
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| Date of Installation | 2019-03-18 |
| Removal Of Bulk Items: | Ok |
| Smoke Detector Alarm: | Ok |
| Was personal property left behind?: | No |
| Charges Type | |
| Charges | 0 |
| Was the resident locked out?: | Not Ok |
| Charges Type | |
| Charges | 0 |

| | |
|--------------------------------------|--------------|
| Resident | |
| <div> <div></div> <div></div> </div> | |
| Lindy Community Representative Name | Dudlow Blake |

Handwritten signature of Dudlow Blake, consisting of a stylized first name and a last name that appears to be 'Blake'.

| | |
|--------------------------------------|--------------|
| Technician | Dudlow Blake |
| Resident not available for signature | YES |
| Resident refused Signature | NO |