



# Move Out Inventory & Condition Form

| Inspection Date | Technician | Property   | Units |
|-----------------|------------|------------|-------|
| 03-20-2023      | Mike Gray  | 251 Dekalb | W0407 |

|                              |                                                    |
|------------------------------|----------------------------------------------------|
| Resident Name                | Estate of Eric Alexander C/O Stacy Renee Alexander |
| Forwarding Mailing Address   | Not Available                                      |
| Date Resident Turned in Keys | Mar-20-2023                                        |

| 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:        |    |
|-----------------|----|
| Backsplash:     | Ok |
| Cabinets:       |    |
| Cabinet Door:   | Ok |
| Cabinets:       |    |
| Cabinet Handle: | Ok |

|                               |  |    |
|-------------------------------|--|----|
| <b>Cabinets:</b>              |  |    |
| Cabinet Shelf:                |  | Ok |
| 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 |
| <b>Dishwasher:</b>            |  |    |
| 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:                    |  | Ok |
| Other:                        |  | Ok |
| <b>Oven / Range:</b>          |  |    |
| Oven Cleaning:                |  | Ok |
| <b>Oven / Range:</b>          |  |    |
| Oven door handle:             |  | Ok |
| <b>Oven / Range:</b>          |  |    |
| Oven drip pan:                |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven knobs:          |  | Ok |

  

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven Racks:          |  | Ok |

  

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Range burners:       |  | Ok |

  

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Range Hood:          |  | Ok |

  

|                   |  |    |
|-------------------|--|----|
| Oven Door Handle: |  | Ok |
| Oven Racks:       |  | Ok |
| Range Top:        |  | Ok |

  

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Cleaning Refrigerator:         |  | Ok |

  

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Drawers):        |  | Ok |

  

|                                |  |    |
|--------------------------------|--|----|
| <b>Refrigerator (Freezer):</b> |  |    |
| Refrigerator (Shelf and Bars): |  | Ok |

  

|                                     |  |    |
|-------------------------------------|--|----|
| <b>Refrigerator (Freezer):</b>      |  |    |
| 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:     |  | Ok |
| Floors / Carpet:   |  | Ok |

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

| <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                                               | Mike Gray |
|  |           |
| Technician                                                                        | Mike Gray |
| Resident not available for signature                                              | YES       |
| Resident refused Signature                                                        | NO        |