

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|------------------|-------|
| 03-23-2023 | Dudlow Blake | Fountain Gardens | A217 |

| Resident Name | Damon Vasquez |
|------------------------------|---------------|
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | Mar-23-2023 |

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

| LIVING ROOM: | |
|--------------------|---------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace |



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



| 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 |

| 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 |



| Removal Of Bulk Items: | Not Ok |
|------------------------|----------|
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| OVERALL: | |
|--|----|
| Signs of Moisture inside the apartment: | Ok |
| Signs of Moisture outside the apartment: | Ok |

| Resident | | | |
|----------|--|--|--|
|----------|--|--|--|

Lindy Community Representative Name

Dudlow Blake

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