



# Move Out Inventory & Condition Form

| Inspection Date | Technician | Property      | Units |
|-----------------|------------|---------------|-------|
| 03-31-2025      | Dawn Buck  | Bromley House | A415  |

|                                                                                 |               |
|---------------------------------------------------------------------------------|---------------|
| Resident Name                                                                   | Melanie Moone |
| Forwarding Mailing Address                                                      | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Mar-29-2025   |

| Amenities to be added to this Unit |
|------------------------------------|
| Quartz Countertops                 |

| 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:              | 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:                                                                                 | N/A |
| 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: | Not Ok      |
| Charges Type       | Clean       |
| Charges            |             |
| Comment            | Not cleaned |



|                                                            |    |
|------------------------------------------------------------|----|
| 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: | Not Ok |
| Charges Type   | Clean  |
| Charges        |        |
| Comment        | Stains |

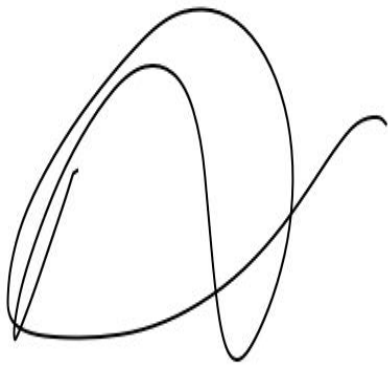


| <b>MISCELLANEOUS:</b>                                                                        |            |
|----------------------------------------------------------------------------------------------|------------|
| Broken Window Glass (Per Pane):                                                              | 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         |
| Date of Installation                                                                         | 2025-03-28 |
| 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                             |           |
| <div> <div></div> <div></div> </div> |           |
| Lindy Community Representative Name  | Dawn Buck |

A handwritten signature in black ink, consisting of a large, stylized loop followed by a smaller loop and a trailing flourish.

|                                      |           |
|--------------------------------------|-----------|
| Technician                           | Dawn Buck |
| Resident not available for signature | YES       |
| Resident refused Signature           | NO        |