



# Move Out Inventory & Condition Form

| Inspection Date | Technician    | Property          | Units  |
|-----------------|---------------|-------------------|--------|
| 03-31-2026      | Joseph Cooper | Towers at Wyncote | 0520-2 |

|   |               |
|---|---------------|
| Resident Name   | Idikem Etotok |
| Forwarding Mailing Address  | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Mar-31-2026   |

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



|                   |    |
|-------------------|----|
| Door / Closet:    | Ok |
| Other:            | Ok |
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

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

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

|                 |    |
|-----------------|----|
| <b>KITCHEN:</b> |    |
| Backsplash:     | Ok |

|                  |  |
|------------------|--|
| <b>Cabinets:</b> |  |
| Cabinet Door:    | Not Ok   |
| Charges Type     | Repair   |
| Charges          |  |
| Comment          | All cabinets have exceeding surface damage Adhesives left on doors Will need to sand and red and entire cabinets |



|                  |    |
|------------------|----|
| <b>Cabinets:</b> |    |
| 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         |
| Is there a FireAvert red box, plug, and solenoid?: | Ok         |
| Date of Installation                               | 2026-03-31 |
| 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 |
| Wall Outlets:                       | Ok |
| Washer/Dryer:                       | Ok |
| Window Coverings:                   | Ok |

|                    |    |
|--------------------|----|
| <b>BEDROOMS:</b>   |    |
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Plank Flooring:    | 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  |
| Plank Flooring:  | 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:  | Not Ok  |
| Charges Type   | Repair  |
| Charges  |   |
| Comment  | Exceeding surface damage 2 bathrooms Will need to sand and restrain |



|               |    |
|---------------|----|
| 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 |
| Was personal property left behind?:  | No |
| Charges Type   |    |
| Charges  | 0  |
| 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 | Joseph Cooper |
|-------------------------------------|---------------|



|                                      |               |
|--------------------------------------|---------------|
| Technician                           | Joseph Cooper |
| Resident not available for signature | YES           |
| Resident refused Signature           | NO            |