

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-----------------|----------------------|-------|
| 04-01-2020 | William Steever | Warrington Crossings | P10 |

| Forwarding Mailing Address | |
|------------------------------|------------|
| Date Resident Turned in Keys | 04-01-2020 |

| LIVING ROOM: | |
|-------------------------|--------|
| Walls / Outlets: | Ok |
| Ceilings / Lights: | Ok |
| Window: | Ok |
| Door / Closet: | Ok |
| Window coverings: | Ok |
| Other: | Ok |
| DINING ROOM: | |
| Walls / Outlets: | Ok |
| Ceilings / Lights: | Ok |
| Window: | Ok |
| Window coverings: | Ok |
| KITCHEN: | |
| Electric Meter: | Ok |
| Cabinets: | Ok |
| Cabinet Door: | Ok |
| Cabinet Shelf: | Ok |
| Cabinet Handle: | Ok |
| Counter Top: | Ok |
| Refrigerator (Freezer): | Not Ok |
| Charges Type | Clean |
| Charges | |

Comment Not cleaned



| Refrigerator (Shelf and Bars): | Ok |
|-------------------------------------|-----------------|
| Refrigerator (Drawers): | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator: | Ok |
| Dishwasher Rack: | Ok |
| Dishwasher Silverware Holder: | Ok |
| Fire Stops: | Ok |
| Formica/Tiles: | Ok |
| Stove Knob: | Ok |
| Microwave: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Not cleaned out |



| Cleaning of Stove: | Ok |
|--------------------|----|
| Ceiling Lights: | Ok |
| Garbage Disposal: | Ok |
| Rubber Stopper: | Ok |
| Oven Door Handle: | Ok |

| Oven Racks: | Ok |
|------------------------|----|
| Kitchen Sink: | Ok |
| Faucet Knobs: | Ok |
| Floors: | Ok |
| Faucet: | Ok |
| Drip Pan: | Ok |
| Range Hood: | Ok |
| Range Top: | Ok |
| Ceiling Light Fixture: | Ok |
| Backsplash: | Ok |
| Ceiling Fan: | Ok |
| Washer/Dryer: | Ok |
| Wall Outlets: | Ok |
| Window Coverings: | Ok |
| Other: | Ok |
| BEDROOMS: | |
| Walls / Outlets: | Ok |
| Ceilings / Lights: | Ok |
| Floors / Carpet: | Ok |
| Window: | Ok |
| Window coverings: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| BATHROOM: | |
| Complete Toilet: | Ok |
| Toilet Paper Holder: | Ok |
| Shower Head: | Ok |
| Tub Knob(s): | Ok |
| Shower Curtain Bar: | Ok |
| Towel Bar: | Ok |
| Tub Reglazing: | Ok |
| Counter Top: | Ok |
| Soap Dish (Sink): | Ok |
| Soad Dish (Tub): | Ok |

| Remove Mildew on Tiles: | Not Ok |
|-------------------------|--------------------|
| Charges Type | Clean |
| Charges | |
| Comment | Yellow not cleaned |



| Cleaning Bathroom: | Not Ok |
|--------------------|--------------------------------------------------|
| Charges Type | Clean |
| Charges | |
| Comment | Floors, countertop and toilet front not cleaned. |



| Wall Outlets: | Ok |
|------------------------------------------------------------|----|
| Ceiling Lights: | Ok |
| Floors: | Ok |
| Formica /Tile: | Ok |
| Cabinets / Mirror: | Ok |
| Window: | Ok |
| Other: | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| LOCKS: | |
| Door Lock: | Ok |
| Door Knob: | Ok |

| Fix Door when extra lock is removed: | Ok |
|---------------------------------------------------------------------------|----|
| Mail-Box Lock: | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| KEYS: | |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key: | Ok |
| DOORS: | |
| Apartment Door: | Ok |
| Solid Core & Steel: | Ok |
| Frame: | Ok |
| Hollow: | Ok |
| PAINTING: | |
| Over Dark Colors (Per Room): | Ok |
| Holes in Walls (Each Hole): | Ok |
| Wallpaper Removal (Per Room): | Ok |
| Border Removal (Per Room): | Ok |
| CARPET: | |
| Shampoo 1 Bedroom: | Ok |
| Shampoo 2 Bedroom: | Ok |
| Stain Removal: | Ok |
| Burns: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| MISCELLANEOUS: | |
| Remove Debris (Per Bag): | Ok |
| Removal Of Bulk Items: | Ok |
| Clear Storage Locker: | Ok |
| Closet Shelves: | Ok |
| Window Sills: | Ok |
| Window Screen(s) each: | Ok |
| Broken Window Glass (Per Pane): | Ok |
| Mini Blind(s) each: | Ok |

| Vertical Blinds: | Ok |
|----------------------------------------------------------------------------------------------|----|
| Sliding Mirror/Glass Door (2): | Ok |
| Carbon Monoxide Detector: | Ok |
| Smoke Detector Alarm: | Ok |
| Fire extinguisher: | Ok |
| Cabinet Equipment: | Ok |
| Vinly Tile Kitchen: | Ok |
| Vinly Tile Bathroom: | Ok |
| Exhaust Fan: | Ok |
| Phone Jack: | Ok |
| Fan Blades: | Ok |
| Light Globes: | Ok |
| Door Intercom System: | Ok |
| Switch Plate Covers: | Ok |
| Rallings: | Ok |
| Outside Lights: | Ok |
| Stoppage by foreign object in any drain: | Ok |
| Thermostat Cover: | Ok |
| Cleaning of Apartment: | Ok |
| Common Area damaged during moveout: | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| OVERALL: | |
| Signs of Moisture inside the apartment: | Ok |
| Signs of Moisture outside the apartment: | Ok |
| RENOVATED UNITS: | |
| Do not overload the circuits.: | Ok |
| On GFCI outlets the hot wire goes to the line side on the fixture and not the load side.: | Ok |
| Ground wires are to be hook up.: | Ok |
| Make sure all wires are connected properly and tight and correct wire nut use.: | Ok |
| Plastic boxes are not to be surface-mounted, with a utility box.: | Ok |
| Disposal and dishwasher are to be plug in and not hot hard wired.: | Ok |
| No stabbing of wires into the back of outlet, they are to be put around the screw.: | Ok |
| All electrical boxes are to be secure in place and not hanging.: | Ok |
| | |

| BATHROOM RENOVATION: | |
|--------------------------------------------------------------------|----|
| Replace the 1/2 inch copper water lines.: | Ok |
| Removal of all sheetrock in the bathroom.: | Ok |
| Install new 1/2 inch ball valves and remove the old gates valves.: | Ok |
| Using 1/2 inch hardi board around the wet area of the tub.: | Ok |
| Remove of old drums trap and installing P traps for tub drains.: | Ok |
| Resident | |

| Lindy Community Representative Name | William Steever |
|-------------------------------------|-----------------|
| Men H | |

| Technician | William Steever |
|--------------------------------------|-----------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |