



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
04-02-2024	Noel Nation	Gateway Towers	C307

Resident Name	Anthony Cortes-Rodrigues
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	Apr-02-2024

LIVING ROOM:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Other:	Ok
Walls / Outlets:	Ok
Window:	Ok
Window coverings:	Not Ok
Charges Type	Replace
Charges	
Comment	Missing



DINING ROOM:	
Ceilings / Lights:	Ok
Walls / Outlets:	Ok

Window:	Ok
Window coverings:	Not Ok
Charges Type	Replace
Charges	
Comment	Blinds are missing



KITCHEN:	
Backsplash:	Ok
Cabinets:	
Cabinet Door:	Ok
Cabinets:	
Cabinet Handle:	Ok
Cabinets:	
Cabinet Shelf:	Ok
Ceiling Fan:	Ok
Ceiling Light Fixture:	Ok
Ceiling Lights:	Ok
Cleaning of Stove:	Ok
Counter Top:	Ok
Dishwasher:	
Dishwasher Knob:	N/A
Dishwasher:	
Dishwasher Rack:	N/A

Dishwasher:		
Dishwasher Silverware Holder:		N/A
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:		
Oven Cleaning:		Ok
Oven / Range:		
Oven door handle:		Ok
Oven / Range:		
Oven drip pan:		Ok
Oven / Range:		
Oven knobs:		Ok
Oven / Range:		
Oven Racks:		Ok
Oven / Range:		
Range burners:		Ok
Oven / Range:		
Range Hood:		Ok
Oven Door Handle:		Ok
Oven Racks:		Ok
Range Top:		Ok

Refrigerator (Freezer):	
Cleaning Refrigerator:	Ok

Refrigerator (Freezer):	
Refrigerator (Drawers):	Ok

Refrigerator (Freezer):	
Refrigerator (Shelf and Bars):	Ok

Refrigerator (Freezer):	
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

BEDROOMS:	
Window coverings:	Not Ok
Charges Type	Replace
Charges	
Comment	Blinds are missing



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:	
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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:	
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

MISCELLANEOUS:	
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	2024-04-02

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?:	Yes		
<table> <tr> <td>Estimated Value of Personal Property is.</td><td>\$0</td></tr> </table>		Estimated Value of Personal Property is.	\$0
Estimated Value of Personal Property is.	\$0		
Window Screen(s) each:	Ok		
Window Sills:	Ok		

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

Resident			
<table> <tr> <td>Lindy Community Representative Name</td><td>Noel Nation</td></tr> </table>		Lindy Community Representative Name	Noel Nation
Lindy Community Representative Name	Noel Nation		

A handwritten signature in black ink, consisting of a stylized 'M' followed by a series of loops and a horizontal stroke.

Technician	Noel Nation
Resident not available for signature	YES
Resident refused Signature	NO