



# Move Out Inventory & Condition Form

| Inspection Date | Technician        | Property       | Units |
|-----------------|-------------------|----------------|-------|
| 04-08-2022      | Michael Dougherty | Gateway Towers | A517  |

|                              |                |
|------------------------------|----------------|
| Resident Name                | Langston Huzzy |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Not Available  |

| Amenities to be added to this Unit |
|------------------------------------|
| Plank Floors                       |
| Quartz Cntop                       |

| 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:           | Not Ok               |
| Charges Type           | Replace              |
| Charges                |                      |
| Comment                | Replace with Quartz. |



|                    |    |
|--------------------|----|
| <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               |
| Fire Stops:       | Ok               |
| Floors:           | Ok               |
| Formica/Tiles:    | Ok               |
| Comment           | Replace w Quartz |
| Garbage Disposal: | Ok               |
| 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 |
| 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 |
| 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: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |

|   |                    |
|---|--------------------|
| Comment   | Replace            |
|    |                    |
| Replace Carpet 2 Bedroom:   | Not Ok             |
| Charges Type  | Replace            |
| Charges   |                    |
| Comment   | Replace            |
|   |                    |
| Shampoo 1 Bedroom:  | Not Ok             |
| Charges Type  | Replace            |
| Charges   |                    |
| Comment   | Replace with plank |
|  |                    |
| Shampoo 2 Bedroom:  | Not Ok             |
| Charges Type  | Replace            |
| Charges   |                    |

|  |                    |
|--|--------------------|
| Comment  | Replace            |
|   |                    |
| Stain Removal:   | Not Ok             |
| Charges Type   | Replace            |
| Charges  |                    |
| Comment  | Replace with plank |
|  |                    |

| MISCELLANEOUS:                      |                      |
|-------------------------------------|----------------------|
| Broken Window Glass (Per Pane):     | Ok                   |
| Cabinet Equipment:                  | Ok                   |
| Carbon Monoxide Detector:           | Ok                   |
| Cleaning of Apartment:              | Ok                   |
| Comment                             | Needs to be cleaned. |
| Clear Storage Locker:               | Ok                   |
| Closet Shelves:                     | Ok                   |
| Common Area damaged during moveout: | Ok                   |
| Door Intercom System:               | Ok                   |
| Exhaust Fan:                        | Ok                   |
| Fan Blades:                         | Ok                   |
| Fire extinguisher:                  | 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  |
| Comment  | There is a big table left in the dining room. |



|  |    |
|--|----|
| 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 |  |
|----------|--|



|   |                   |
|---|-------------------|
| Lindy Community Representative Name   | Michael Dougherty |
|  |                   |
| Technician  | Michael Dougherty |
| Resident not available for signature  | NO                |
| Resident refused Signature  | NO                |