



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property    | Units |
|-----------------|--------------|-------------|-------|
| 04-08-2025      | Daniel Ortiz | Meadowbrook | 936   |

|                                                                                 |                 |
|---------------------------------------------------------------------------------|-----------------|
| Resident Name                                                                   | Victoria Bowman |
| Forwarding Mailing Address                                                      | Not Available   |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Apr-06-2025     |

| 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:     |                                                 |
|---------------|-------------------------------------------------|
| Cabinet Door: | Not Ok                                          |
| Charges Type  | Repair                                          |
| Charges       |                                                 |
| Comment       | Was left with scratches on the kitchen cabinets |



| 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: | Ok |

| Dishwasher:      |    |
|------------------|----|
| Dishwasher Rack: | Ok |

| Dishwasher:                   |    |
|-------------------------------|----|
| Dishwasher Silverware Holder: | Ok |

|                 |     |
|-----------------|-----|
| Drip Pan:       | N/A |
| Electric Meter: | Ok  |
| Faucet:         | Ok  |

|                   |                  |
|-------------------|------------------|
| Faucet Knobs:     | Ok               |
| Floors:           | Ok               |
| Formica/Tiles:    | N/A              |
| Garbage Disposal: | Ok               |
| Kitchen Sink:     | Ok               |
| Microwave:        | Ok               |
| Other:            | Ok               |
| Oven Door Handle: | Ok               |
| Oven Racks:       | Ok               |
| Range Top:        | Not Ok           |
| Charges Type      | Replace          |
| Charges           |                  |
| Comment           | Was left damaged |



|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| <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 |
| 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 |

| <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: | Ok |
| Replace Carpet 2 Bedroom: | Ok |

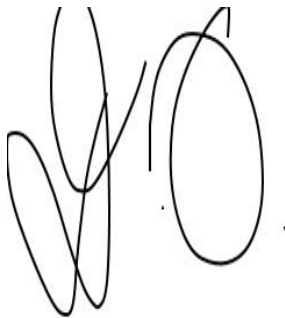
|                    |    |
|--------------------|----|
| Shampoo 1 Bedroom: | Ok |
| Shampoo 2 Bedroom: | Ok |
| Stain Removal:     | Ok |

| <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         |
| Date of Installation                                                                         | 2025-04-06 |
| 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         |

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

|          |  |
|----------|--|
| Resident |  |
|----------|--|

|                                     |              |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Daniel Ortiz |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Daniel Ortiz |
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |