

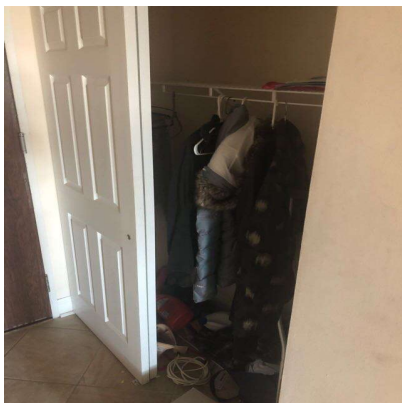


# Move Out Inventory & Condition Form

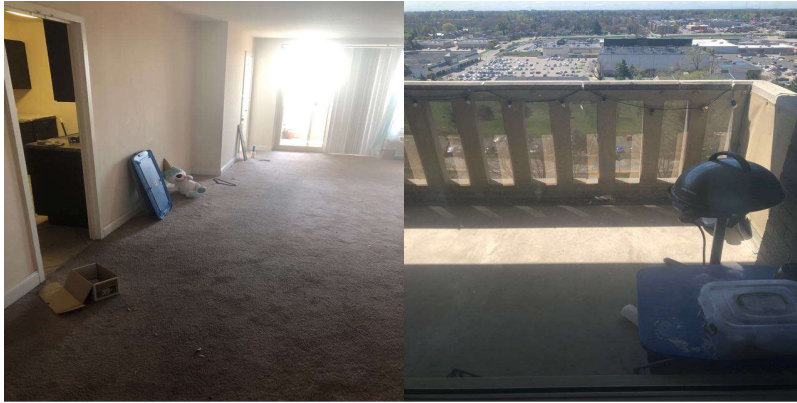
| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 04-13-2021      | Josh Kozich | Towers at Wyncote | 1224-2 |

|                              |                 |
|------------------------------|-----------------|
| Resident Name                | Rasheeda Wright |
| Forwarding Mailing Address   | Not Available   |
| Date Resident Turned in Keys | Not Available   |

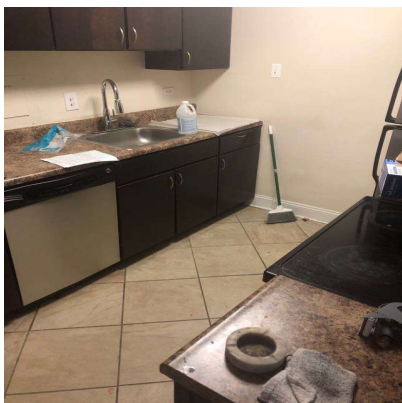
| LIVING ROOM:       |        |
|--------------------|--------|
| Walls / Outlets:   | Ok     |
| Ceilings / Lights: | Ok     |
| Window:            | Ok     |
| Door / Closet:     | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                   |        |
|-------------------|--------|
| Window coverings: | Ok     |
| Other:            | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Clean  |



|                     |        |
|---------------------|--------|
| <b>DINING ROOM:</b> |        |
| Walls / Outlets:    | Ok     |
| Ceilings / Lights:  | Ok     |
| Window:             | Ok     |
| Window coverings:   | Ok     |
| <b>KITCHEN:</b>     |        |
| Electric Meter:     | Ok     |
| Cabinets:           | Ok     |
| Cabinet Door:       | Ok     |
| Cabinet Shelf:      | Ok     |
| Cabinet Handle:     | Ok     |
| Counter Top:        | Not Ok |
| Charges Type        | Clean  |
| Charges             |        |
| Comment             | Clean  |

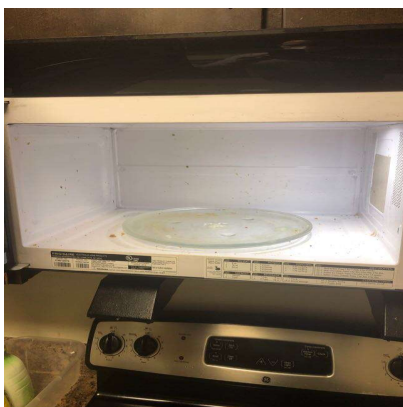


|                                     |    |
|-------------------------------------|----|
| Refrigerator (Freezer):             | Ok |
| Refrigerator (Shelf and Bars):      | Ok |
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |

|                        |        |
|------------------------|--------|
| Cleaning Refrigerator: | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



|                               |        |
|-------------------------------|--------|
| Dishwasher Rack:              | Ok     |
| Dishwasher Silverware Holder: | Ok     |
| Dishwasher Knob:              | Ok     |
| Fire Stops:                   | Ok     |
| Formica/Tiles:                | Ok     |
| Stove Knob:                   | Ok     |
| Microwave:                    | Not Ok |
| Charges Type                  | Clean  |
| Charges                       |        |
| Comment                       | Clean  |



|                    |        |
|--------------------|--------|
| Cleaning of Stove: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                        |        |
|------------------------|--------|
| 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     |
| <b>BEDROOMS:</b>       |        |
| Walls / Outlets:       | Ok     |
| Ceilings / Lights:     | Ok     |
| Floors / Carpet:       | Ok     |
| Window:                | Ok     |
| Window coverings:      | Ok     |
| Door / Closet:         | Not Ok |

|              |       |
|--------------|-------|
| Charges Type | Clean |
| Charges      |       |
| Comment      | Clean |

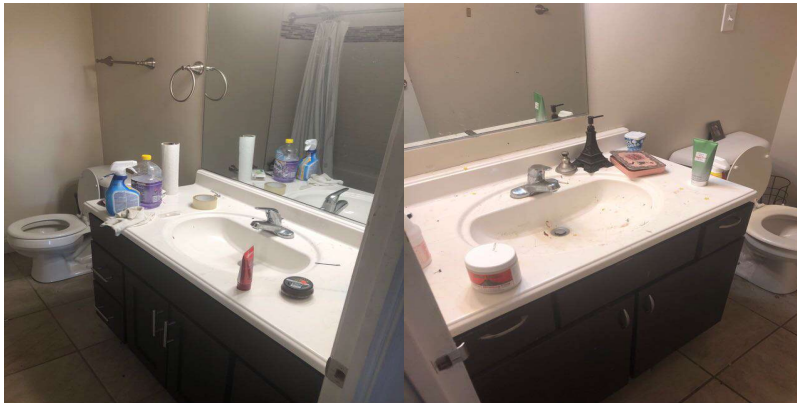


|              |        |
|--------------|--------|
| Other:       | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



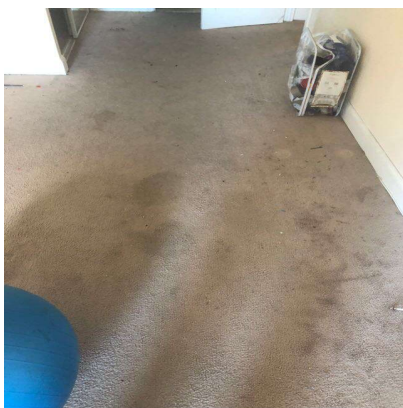
|                      |    |
|----------------------|----|
| <b>BATHROOM:</b>     |    |
| Medicine Cabinet:    | Ok |
| Mirror Cabinet:      | Ok |
| Vanity Cabinet:      | Ok |
| Sink:                | Ok |
| Toilet Tank Cover:   | Ok |
| Toilet Tank:         | Ok |
| Toilet Bowl:         | Ok |
| 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: | Ok     |
| Cleaning Bathroom:      | Not Ok |
| Charges Type            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |




|   |    |
|---|----|
| 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 |
| <b>LOCKS:</b>   |    |
| 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 |
| <b>KEYS:</b>  |    |

|                                  |         |
|----------------------------------|---------|
| Failure To Return Apartment Key: | Ok      |
| Failure To Return Mailbox Key:   | Ok      |
| <b>DOORS:</b>                    |         |
| Apartment Door:                  | Ok      |
| Solid Core & Steel:              | Ok      |
| Frame:                           | Ok      |
| Hollow:                          | Ok      |
| <b>PAINTING:</b>                 |         |
| Over Dark Colors (Per Room):     | Ok      |
| Holes in Walls (Each Hole):      | Ok      |
| Wallpaper Removal (Per Room):    | Ok      |
| Border Removal (Per Room):       | Ok      |
| <b>CARPET:</b>                   |         |
| Shampoo 1 Bedroom:               | Ok      |
| Shampoo 2 Bedroom:               | Ok      |
| Stain Removal:                   | Ok      |
| 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 |
|---|---------|
|  |         |
| <b>MISCELLANEOUS:</b>   |         |
| 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 |
| <b>OVERALL:</b>  |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment:   | Ok |
| Resident   |    |

|                                     |             |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Josh Kozich |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Josh Kozich |
| Resident not available for signature | NO          |
| Resident refused Signature           | NO          |