

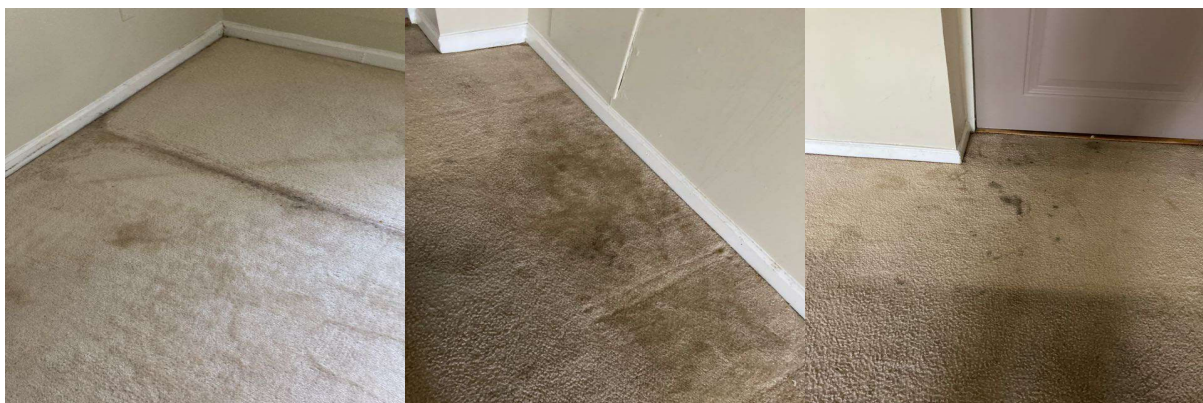


Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-------------|----------------|-------|
| 04-13-2022 | Lisa Shuler | Gateway Towers | A114 |

| | |
|------------------------------|-----------------|
| Resident Name | Ngoc Nguyen |
| Forwarding Mailing Address | See Yardi Notes |
| Date Resident Turned in Keys | Apr-12-2022 |

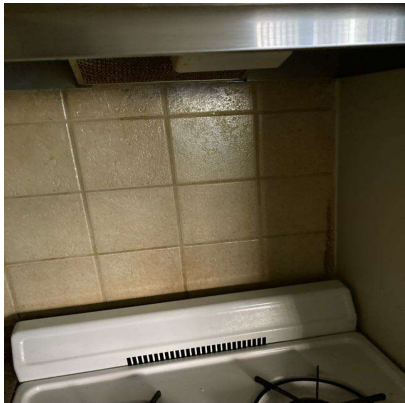
| LIVING ROOM: | |
|--------------------|----------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Carpet stained |



| | |
|-------------------|--------|
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| KITCHEN: | |
|--------------|--------|
| Backsplash: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|------------------------|--------|
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|---------------|---------|
| Faucet: | Ok |
| Faucet Knobs: | Ok |
| Fire Stops: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Missing |



| | |
|--------------|--------|
| Floors: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|-------------------|----|
| Garbage Disposal: | Ok |
| Kitchen Sink: | Ok |
| Microwave: | Ok |

| Oven / Range: | |
|----------------|--------|
| Oven Cleaning: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |




| Oven / Range: | |
|-------------------|----|
| Oven door handle: | Ok |

| Oven / Range: | |
|---------------|--------|
| Oven knobs: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|-------------------|--------|
| Oven Door Handle: | Ok |
| Oven Racks: | Ok |
| Range Top: | Not Ok |
| Charges Type | Clean |
| Charges | |

| | |
|-----------------------------------------------------------------------------------|--------|
| Comment | Dirty |
|  | |
| Rubber Stopper: | Ok |
| Stove Knob: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|----------------------------------|----|
| KEYS: | |
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key: | Ok |

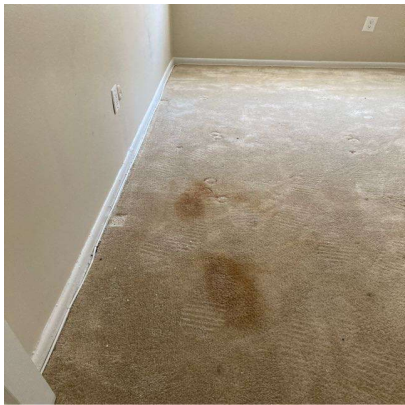
| | |
|--------------------------------------|----|
| DOORS: | |
| Apartment Door: | Ok |
| Apartment Door closes automatically: | Ok |
| Frame: | Ok |
| Hollow: | Ok |
| Solid Core & Steel: | Ok |

| | |
|----------------|--------|
| CARPET: | |
| Burns: | Not Ok |

| | |
|--------------|---------|
| Charges Type | Replace |
| Charges | |
| Comment | Stained |



| | |
|-----------------------|----------|
| Pet Treatment (Odor): | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cat odor |



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|---------------------------|----|
| Replace Carpet 1 Bedroom: | Ok |
|---------------------------|----|

| | |
|---------------------------------|----|
| MISCELLANEOUS: | |
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment: | Ok |
| Carbon Monoxide Detector: | Ok |

| | |
|----------------------------------------------------------------------------------------------|---------|
| Closet Shelves: | Ok |
| Fire extinguisher: | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Missing |



| | |
|--------------------------------|--------|
| Mini Blind(s) each: | Ok |
| Removal Of Bulk Items: | Ok |
| Remove Debris (Per Bag): | Ok |
| Sliding Mirror/Glass Door (2): | Ok |
| Smoke Detector Alarm: | Ok |
| Vertical Blinds: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Dirty |



| | |
|------------------------|----|
| Window Screen(s) each: | Ok |
| Window Sills: | Ok |

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|-----------------|--|
| OVERALL: | |
|-----------------|--|

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

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

| | |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Lisa Shuler |
|-------------------------------------|-------------|



| | |
|--------------------------------------|-------------|
| Technician | Lisa Shuler |
| Resident not available for signature | YES |
| Resident refused Signature | NO |