



Move Out Inventory & Condition Form

Inspection Date	Technician	Property	Units
04-15-2024	Noel Nation	Gateway Towers	C023

Resident Name	Michael Isaac
Forwarding Mailing Address	Not Available
Date Resident Turned in Keys	Apr-15-2024

Amenities to be added to this Unit
Bathroom Upgrade
Plank Flooring
Quartz Countertops

LIVING ROOM:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Other:	Not Ok
Charges Type	Replace
Charges	
Comment	Carpet stained, worn, and dirty



Walls / Outlets:	Ok
Window:	Ok

Window coverings:	Ok
Comment	Broken



DINING ROOM:	
Ceilings / Lights:	N/A
Walls / Outlets:	N/A
Window:	N/A
Window coverings:	N/A

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:	Ok
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:	Not Ok
Charges Type	Replace
Charges	
Comment	Dirty



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:	
Ceilings / Lights:	Ok
Door / Closet:	Ok
Floors / Carpet:	Ok
Other:	Ok
Walls / Outlets:	Ok
Window:	Ok

Window coverings:	Ok
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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
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KEYS:	
Failure To Return Apartment Key:	Ok
Failure To Return Mailbox Key:	Ok

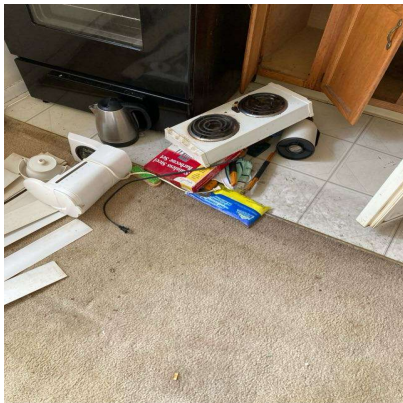
DOORS:	
Apartment Door:	Ok
Apartment Door closes automatically:	Ok
Frame:	Ok
Hollow:	Ok
Solid Core & Steel:	Ok

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:	N/A
Deodorize:	N/A
Pet Treatment (Odor):	N/A
Replace Carpet 1 Bedroom:	N/A
Replace Carpet 2 Bedroom:	N/A
Shampoo 1 Bedroom:	N/A
Shampoo 2 Bedroom:	N/A
Stain Removal:	N/A

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	2024-04-15
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):	Not Ok
Charges Type	Clean
Charges	
Comment	Two bags of trash



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

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		
		
Lindy Community Representative Name		Noel Nation
Technician		Noel Nation
Resident not available for signature		YES
Resident refused Signature		NO