

Move Out Inventory & Condition Form

| Inspection Date | Technician | | Property | | Units |
|------------------------------|--------------|-------------|---------------|----|-------|
| 04-26-2022 | Saleesha Sin | 450 Green A | partments | | J311 |
| Resident Name | | | Loren Killian | | |
| Forwarding Mailing Address | | | Not Available | 5 | |
| Date Resident Turned in Keys | | | Apr-25-2022 | | |
| 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: | | | | 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: | | | |
| Dishwasher Knob: | | Ok | |
| Dishwasher: | | | |
| Dishwasher Rack: | | Ok | |
| Dishwasher: | | | |
| Dishwasher Silverware Holder: | | | Ok |
| Drip Pan: | Ok | | |
| Electric Meter: | Ok | | |
| Faucet: | Ok | | |
| Faucet Knobs: | Ok | | |
| Fire Stops: | 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: | | Ok |
| Refrigerator (Freezer): | | |
| Refrigerator (Drawers): | | Ok |
| Refrigerator (Freezer): | | |
| Refrigerator (Shelf and Bars): | | Ok |
| Refrigerator (Freezer): | | |
| Refrigerator Crisper Glass/Plastic: | | Ok |
| Rubber Stopper: | Ok | <u>'</u> |
| Stove Knob: 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 |

| 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 |

| 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 |

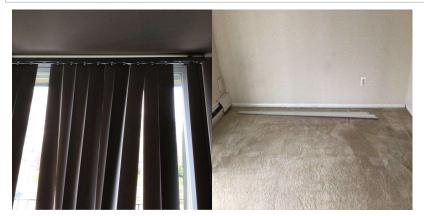
| PAINTING: | |
|-------------------------------|----|
| Border Removal (Per Room): | Ok |
| Holes in Walls (Each Hole): | Ok |
| Over Dark Colors (Per Room): | |
| Wallpaper Removal (Per Room): | Ok |

| CARPET: | |
|---------------------------|----------------------------|
| 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: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Small stain bedroom carpet |



| 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 |
| Fire extinguisher: | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| If there are sprinkler heads, are they painted?: | Yes |
| If there are sprinklers, are the sprinkler pipes painted?: | Yes |
| 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: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | 2 blind slats missing. May be usable one in pile on floor |



| 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 |

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| برام ما د | Cananaunit | Danracantativa Nama |
|-----------|------------|---------------------|
| LIIIUV | Community | Representative Name |



| Technician | Saleesha Sin |
|--------------------------------------|--------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |