



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property          | Units  |
|-----------------|--------------|-------------------|--------|
| 05-02-2023      | Jason Aleman | Towers at Wyncote | 1015-3 |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Richa Patel   |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | May-02-2023   |

| LIVING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Other:             | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| KITCHEN:      |    |
|---------------|----|
| Backsplash:   | Ok |
| Cabinets:     |    |
| Cabinet Door: | Ok |

|                  |  |    |
|------------------|--|----|
| <b>Cabinets:</b> |  |    |
| Cabinet Handle:  |  | Ok |

|                  |  |    |
|------------------|--|----|
| <b>Cabinets:</b> |  |    |
| Cabinet Shelf:   |  | Ok |

|                        |  |    |
|------------------------|--|----|
| Ceiling Fan:           |  | Ok |
| Ceiling Light Fixture: |  | Ok |
| Ceiling Lights:        |  | Ok |
| Cleaning of Stove:     |  | Ok |
| Counter Top:           |  | Ok |

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Knob:   |  | Ok |

|                    |  |    |
|--------------------|--|----|
| <b>Dishwasher:</b> |  |    |
| Dishwasher Rack:   |  | Ok |

|                               |  |    |
|-------------------------------|--|----|
| <b>Dishwasher:</b>            |  |    |
| Dishwasher Silverware Holder: |  | 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 |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| Oven Cleaning:       |  | Ok |

|                      |  |    |
|----------------------|--|----|
| <b>Oven / Range:</b> |  |    |
| 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            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer):        |    |
|--------------------------------|----|
| 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 |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| <b>BATHROOM:</b>   |        |
|--------------------|--------|
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                  |    |
|------------------|----|
| 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     |
| Plank Flooring:  | Ok     |
| Remove Mildew on Tiles:                                    | Not Ok |
| Charges Type   | Clean  |
| Charges  |        |
| Comment  | Clean  |



|                      |    |
|----------------------|----|
| 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 |

|                                  |    |
|----------------------------------|----|
| <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   | 2022-02-02 |
| 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         |

|  |    |
|--|----|
| <b>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

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

|   |              |
|---|--------------|
| Lindy Community Representative Name   | Jason Aleman |
|  |              |
| Technician  | Jason Aleman |
| Resident not available for signature  | NO           |
| Resident refused Signature  | NO           |