

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | | Units |
|------------------------------|-------------|---------------|-----|--------|
| 05-02-2024 | Noel Nation | Enclaves | | 3916A1 |
| Resident Name | | Micaela OConn | ell | |
| Forwarding Mailing Address | | Not Available | | |
| Date Resident Turned in Keys | | May-02-2024 | | |
| 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: | | | | 0 |
| 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 |
| Floors: | | Ok |
| Formica/Tiles: | | Ok |
| Garbage Disposal: | | Ok |
| Kitchen Sink: | | Ok |
| Microwave: | | Not Ok |
| Charges Type | | Clean |
| Charges | | |
| | | |



Other: Ok

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



| 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 | Clean |
| 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 |

| Ceilings / Lights: | Ok |
|--------------------|------------------|
| Door / Closet: | Ok |
| Floors / Carpet: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | worn and stained |



| 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): | 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 | 2024-05-0 |
| 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 |
| Was personal property left behind?: | |
| Estimated Value of Personal Property is. \$0 | |
| Was the resident locked out?: | Yes |
| Window Screen(s) each: | |
| Window Sills: | Ok |

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

|--|--|

| Lindy Community Representative Name | Noel Nation |
|-------------------------------------|-------------|

M/M

| Technician | Noel Nation |
|--------------------------------------|-------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |