

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|---------------|----------------|-------|
| 05-07-2024 | Joseph Cooper | Mt. Airy Place | 001A |

| Resident Name | Eric Lambert Jr. |
|------------------------------|------------------|
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | May-07-2024 |

| LIVING ROOM: | |
|--------------------|--------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Base board damaged |



| Window: | Not Ok |
|--------------|---|
| Charges Type | Replace |
| Charges | |
| Comment | Windowsill and surrounding wall damaged |



Window coverings:

Ok

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

| KITCHEN: | |
|-------------|----|
| Backsplash: | Ok |

| Cabinets: | |
|---------------|-----------|
| Cabinet Door: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash out |



| Cabinets: | |
|-----------------|----|
| Cabinet Handle: | Ok |

| Cabinets: | |
|----------------|-------------------------------|
| Cabinet Shelf: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace heavy damaged cabinet |



| Ceiling Fan: | Ok |
|------------------------|----------------------|
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Ok |
| Counter Top: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace damaged tops |



| 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: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Hole in wall |



| Oven / Range: | |
|----------------|---------------|
| Oven Cleaning: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Unsalvageable |



| Oven / Range: | |
|-------------------|-----|
| Oven door handle: | N/A |

| Oven / Range: | |
|----------------|-----|
| Oven drip pan: | N/A |

| Oven / Range: | |
|---------------|-----|
| Oven knobs: | N/A |

| Oven / Range: | |
|---------------|-----|
| Oven Racks: | N/A |

| Oven / Range: | |
|----------------|-----|
| Range burners: | N/A |

| Oven / Range: | |
|-------------------|-----|
| Range Hood: | N/A |
| Oven Door Handle: | Ok |
| Oven Racks: | Ok |
| Range Top: | Ok |

| Refrigerator (Freezer): | |
|-------------------------|---------------|
| Cleaning Refrigerator: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Unsalvageable |



| 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: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace doors x2 |



| Floors / Carpet: | Ok |
|------------------|---------------------|
| Other: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace ceiling fan |



| Walls / Outlets: | Not Ok |
|------------------|--|
| Charges Type | Repair |
| Charges | |
| Comment | Removal of excessive adhesive tape Will need double coat to cover substances on wall |



| Window: | Not Ok |
|--------------|---|
| Charges Type | Repair |
| Charges | |
| Comment | Windowsill and surrounding wall damaged |



Window coverings: Ok

| BATHROOM: | |
|--------------------|-------------|
| Cabinets / Mirror: | Ok |
| Ceiling Lights: | Ok |
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Heavy clean |



| Complete Toilet: | Not Ok |
|------------------|-------------|
| Charges Type | Clean |
| Charges | |
| Comment | Heavy clean |



| Counter Top: | Ok |
|--------------|-------------|
| Floors: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Heavy clean |



| 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: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Damage to wall |



| Sink: | Ok |
|----------------------|---------|
| Soad Dish (Tub): | Ok |
| Soap Dish (Sink): | Ok |
| Toilet Paper Holder: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Replace |



| 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: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Door does not shut properly- warped and broken |



| 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: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Entire apartment excessive stains and damage |



| Replace Carpet 2 Bedroom: | Not Ok |
|---------------------------|--|
| Charges Type | Replace |
| Charges | |
| Comment | Entire apartment excessive stains and damage |



| Shampoo 1 Bedroom: | Ok |
|--------------------|----|
| Shampoo 2 Bedroom: | Ok |
| Stain Removal: | Ok |

| MISCELLANEOUS: | |
|---------------------------------|---|
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment: | Ok |
| Carbon Monoxide Detector: | Ok |
| Cleaning of Apartment: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Heavy cleaning Large mice and roach and fly infestation |



| Clear Storage Locker: | Ok |
|-------------------------------------|---------------------------|
| Closet Shelves: | Ok |
| Common Area damaged during moveout: | Not Ok |
| Charges Type | Repair |
| Charges | |
| Comment | Damage to walls and doors |



| 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 | 2024-05-07 |
| Light Globes: | Ok |
| Mini Blind(s) each: | Ok |
| Outside Lights: | Ok |
| Phone Jack: | Ok |
| Rallings: | Ok |
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Bulk trash Filled the recycling bins with trash and furniture |



| 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?: | No |
| Charges Type | |
| Charges | 0 |
| Was the resident locked out?: | No |
| Charges Type | |
| Charges | 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

Joseph Cooper



| Technician | Joseph Cooper |
|--------------------------------------|---------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |