



# Move Out Inventory & Condition Form

| Inspection Date | Technician     | Property          | Units  |
|-----------------|----------------|-------------------|--------|
| 05-14-2025      | Matthew Glover | Towers at Wyncote | 0722-3 |

|   |                            |
|---|----------------------------|
| Resident Name   | Estate of Winona Al-Yakoub |
| Forwarding Mailing Address  | Not Available              |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | May-14-2025                |

| LIVING ROOM:       |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                   |    |
|-------------------|----|
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

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

|                        |        |
|------------------------|--------|
| Cabinets:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |
| Charges                |        |
| Comment                | Clean  |



|              |        |
|--------------|--------|
| Counter Top: | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|                 |    |
|-----------------|----|
| Dishwasher:     | Ok |
| Drip Pan:       | Ok |
| Electric Meter: | Ok |
| Faucet:         | Ok |
| Faucet Knobs:   | Ok |
| Floors:         | Ok |
| Formica/Tiles:  | Ok |

|  |        |
|--|--------|
| Garbage Disposal:                                  | Ok     |
| Is there a FireAvert red box, plug, and solenoid?: | Ok     |
| Kitchen Sink:                                      | Not Ok |
| Charges Type                                       | Clean  |
| Charges  |        |
| Comment  | Clean  |



|              |        |
|--------------|--------|
| Microwave:   | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|              |        |
|--------------|--------|
| Other:       | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|               |    |
|---------------|----|
| Oven / Range: | Ok |
|---------------|----|

|                   |    |
|-------------------|----|
| Oven Door Handle: | Ok |
|-------------------|----|

|             |    |
|-------------|----|
| Oven Racks: | Ok |
|-------------|----|

|            |    |
|------------|----|
| Range Top: | Ok |
|------------|----|

#### Refrigerator (Freezer):

|                        |        |
|------------------------|--------|
| Cleaning Refrigerator: | Not Ok |
|------------------------|--------|

|              |       |
|--------------|-------|
| Charges Type | Clean |
|--------------|-------|

|         |  |
|---------|--|
| Charges |  |
|---------|--|

|         |       |
|---------|-------|
| Comment | Clean |
|---------|-------|



|                 |    |
|-----------------|----|
| Rubber Stopper: | Ok |
|-----------------|----|

|             |    |
|-------------|----|
| Stove Knob: | Ok |
|-------------|----|

|               |    |
|---------------|----|
| Wall Outlets: | Ok |
|---------------|----|

|               |    |
|---------------|----|
| Washer/Dryer: | Ok |
|---------------|----|

|                   |    |
|-------------------|----|
| Window Coverings: | Ok |
|-------------------|----|

#### BEDROOMS:

|                    |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
|--------------------|----|

|                |    |
|----------------|----|
| Door / Closet: | Ok |
|----------------|----|

|                  |    |
|------------------|----|
| Floors / Carpet: | Ok |
|------------------|----|

|              |        |
|--------------|--------|
| Other:       | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|                   |    |
|-------------------|----|
| 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:                                    | 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 |

|   |    |
|---|----|
| <b>LOCKS:</b>   |    |
| 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 |

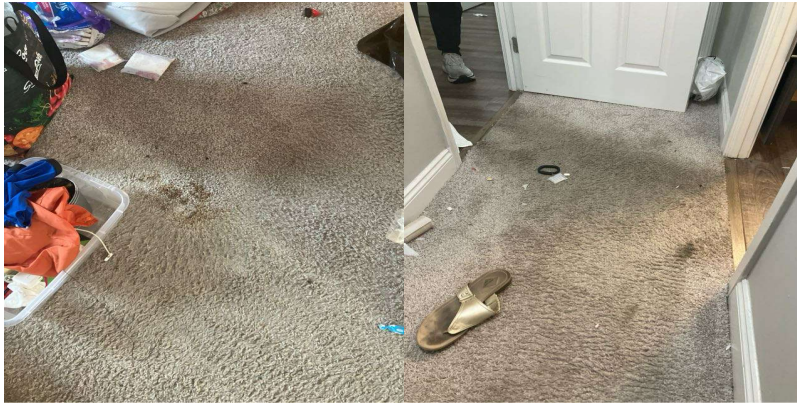
|                                      |    |
|--------------------------------------|----|
| <b>DOORS:</b>                        |    |
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |



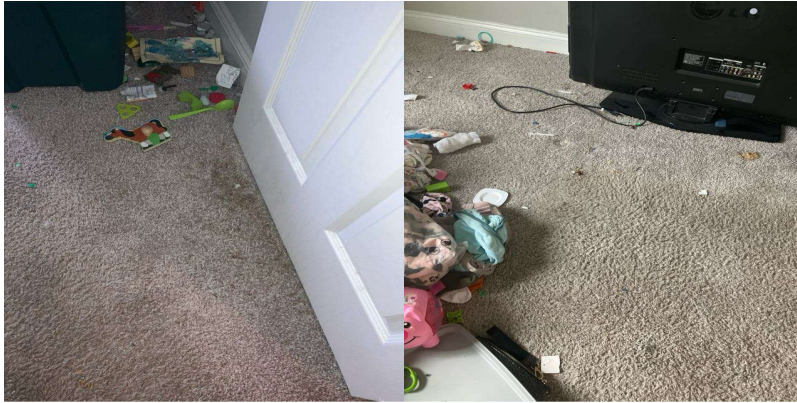
|                     |    |
|---------------------|----|
| Frame:              | Ok |
| Hollow:             | Ok |
| Solid Core & Steel: | Ok |

| 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                   | Replace |



|                           |         |
|---------------------------|---------|
| Replace Carpet 2 Bedroom: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



|                    |    |
|--------------------|----|
| 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 |
| 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?: | No     |
| Charges Type                        |        |
| Charges                             | 0      |
| Was the resident locked out?:       | Not Ok |
| Charges Type                        |        |
| Charges                             | 0      |
| 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 | Matthew Glover |
|-------------------------------------|----------------|



|            |                |
|------------|----------------|
| Technician | Matthew Glover |
|------------|----------------|

|                                      |    |
|--------------------------------------|----|
| Resident not available for signature | NO |
| Resident refused Signature           | NO |