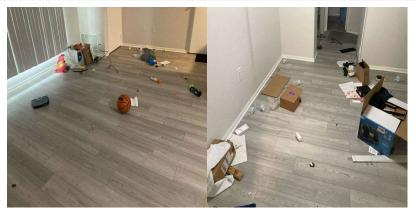


Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|------------------|--------------|-------|
| 05-16-2024 | Simquetta Lovett | Joshua House | G0303 |

| Resident Name | Mihir Joshi |
|------------------------------|---------------|
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | May-10-2024 |

| LIVING ROOM: | |
|--------------------|--|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Trash left behind in livingroom and dining room area |



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

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

| Window: | Ok | |
|-------------------|----|--|
| Window coverings: | Ok | |

| KITCHEN: | |
|------------------------|--|
| Backsplash: | Ok |
| Ceiling Fan: | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights: | Ok |
| Cleaning of Stove: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Not cleaned, dried up food and grease on stove top |



| Counter Top: | Not Ok |
|--------------|-------------------------|
| Charges Type | Clean |
| Charges | |
| Comment | Countertop not cleaned. |



| 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: | Not Ok | |
| Charges Type | Replace | |
| Charges | | |
| Comment | Cabinet broken in front of kitche | n sink |



| Microwave: | Not Ok |
|--------------|----------------------------------|
| Charges Type | Clean |
| Charges | |
| Comment | Not cleaned, greased all over it |



Other: Ok

| Oven / Range: | |
|----------------|-----------------------|
| Oven Cleaning: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Stove top not cleaned |



| 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 | Not cleaned |



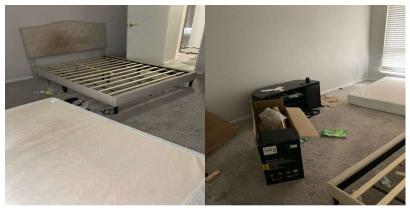
| Refrigerator (Freezer): | |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| 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: | Ok |
| Other: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Furniture left behind 1 queen size bed and box spring 1 small dresser |



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

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



| 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: | |
| Failure To Return Mailbox Key: | |

| 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): | |

| 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: | Ok |

| 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 | 2024-05-16 |

| 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 | 1 queen size mattress and platform with headboard |



| Remove Debris (Per Bag): | Not Ok |
|--------------------------|--|
| Charges Type | Clean |
| Charges | |
| Comment | 6 bags to remove, belonging left in kitchen cabinets, hall closet, bathroom, living room, dining room and bedrooms/ closet |



| 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 |

|--|

Lindy Community Representative Name Simquetta Lovett

And A

Technician Simquetta Lovett

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