

## **Move Out Inventory & Condition Form**

| Inspection Date              | Technician |          | Property          |    | Units |
|------------------------------|------------|----------|-------------------|----|-------|
| 05-22-2024                   | Chima Kanu | 450 Gree | n Apartments      |    | P200  |
| Resident Name                |            |          | Charlotte Hillike |    |       |
| Forwarding Mailing Address   |            |          | Not Available     |    |       |
| Date Resident Turned in Keys |            |          | May-22-2024       |    |       |
| 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:                  |            |          |                   |    |       |
| 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  |                      |
| Distiwasilet Nack.   | OK. |                      |
|  |     |                      |
| Dishwasher:  |     |                      |
| <b>Dishwasher:</b> Dishwasher Silverware Holder:   |     | Ok                   |
|  |     | Ok Ok                |
| Dishwasher Silverware Holder:  |     |                      |
| Dishwasher Silverware Holder:  Drip Pan:   |     | Ok                   |
| Dishwasher Silverware Holder:  Drip Pan:  Electric Meter:                                      |     | Ok<br>Ok             |
| Dishwasher Silverware Holder:  Drip Pan:  Electric Meter:  Faucet:                             |     | Ok<br>Ok<br>Ok       |
| Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:   |     | Ok Ok Ok Ok          |
| Dishwasher Silverware Holder:  Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Floors:     |     | Ok Ok Ok Ok Ok       |
| Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Floors:  Formica/Tiles:                    |     | Ok Ok Ok Ok Ok Ok    |
| Drip Pan:  Electric Meter:  Faucet:  Faucet Knobs:  Floors:  Formica/Tiles:  Garbage Disposal: |     | Ok Ok Ok Ok Ok Ok Ok |

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



| Oven / Ra | nge:    |    |
|-----------|---------|----|
| Oven door | handle: | Ok |

| Oven / Range:  |    |
|----------------|----|
| Oven drip pan: | 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:  | Ok |  |

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

| Refrigerator (Freezer):        |    |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer):   |    |
|---|----|
| Refrigerator Crisper Glass/Plastic: Ok  |    |
| Rubber Stopper:   | Ok |
| Stove Knob:   |    |
| 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:     | Ok                   |
| Floors / Carpet:   | Ok                   |
| Other:             | Ok                   |
| Walls / Outlets:   | Not Ok               |
| Charges Type       | Repair               |
| Charges            |                      |
| Comment            | Etched paint on wall |



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

| BATHROOM:          |    |
|--------------------|----|
| Cabinets / Mirror: | Ok |
| Ceiling Lights:    | Ok |

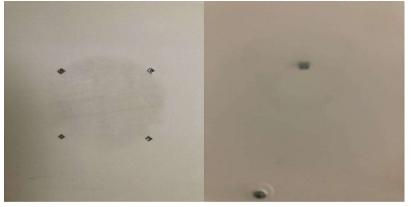
| Cleaning Bathroom:   | Ok |
|--|----|
| Complete Toilet:   | Ok |
| Counter Top:   | Ok |
| Floors:  | Ok |
| Formica /Tile:   | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:  | Ok |
| Mirror Cabinet:  | Ok |
| Other:   | Ok |
| Remove Mildew on Tiles:                                    | 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): | Not Ok          |
| Charges Type                | Repair          |
| Charges                     |                 |
| Comment                     | 3 sets of holes |

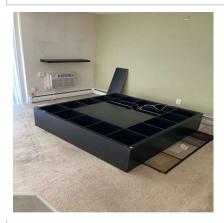


| Over Dark Colors (Per Room):  | Ok |
|-------------------------------|----|
| Wallpaper Removal (Per Room): | Ok |

| 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   | 2024-01-22                       |
| If there are sprinkler heads, are they painted?:   | N/A                              |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | N/A                              |
| 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  | Entertainment system left behind |



| 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 |
| Signs of Profescare outside the apartment. |    | OK |
| Resident                                   |    |    |
|  |    |    |
|  |    |    |
|  |    |    |
|  |    |    |
|  |    |    |
|  |    |    |
|  |    |    |
|  |    |    |



| Technician                           | Chima Kanu |
|--------------------------------------|------------|
| Resident not available for signature | YES        |
| Resident refused Signature           | NO         |