



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property             | Units |
|-----------------|-------------|----------------------|-------|
| 05-28-2025      | Jeff Wilson | 450 Green Apartments | A202  |

|                                                                                 |                   |
|---------------------------------------------------------------------------------|-------------------|
| Resident Name                                                                   | Shannon Pettyjohn |
| Forwarding Mailing Address                                                      | Not Available     |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | May-28-2025       |

| LIVING ROOM:       |               |
|--------------------|---------------|
| Ceilings / Lights: | Ok            |
| Door / Closet:     | Ok            |
| Other:             | Ok            |
| Walls / Outlets:   | Not Ok        |
| Charges Type       | Repair        |
| Charges            |               |
| Comment            | Holes in wall |



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

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

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

| <b>KITCHEN:</b>                                    |            |
|----------------------------------------------------|------------|
| Backsplash:                                        | Ok         |
| Cabinets:                                          | Ok         |
| Ceiling Fan:                                       | Ok         |
| Ceiling Light Fixture:                             | Ok         |
| Ceiling Lights:                                    | Ok         |
| Cleaning of Stove:                                 | Ok         |
| Counter Top:                                       | Ok         |
| 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         |
| Date of Installation                               | 2024-01-28 |
| Kitchen Sink:                                      | Ok         |
| Microwave:                                         | Ok         |
| Other:                                             | Ok         |
| Oven / Range:                                      | Ok         |
| Oven Door Handle:                                  | Ok         |
| Oven Racks:                                        | Ok         |
| Range Top:                                         | Ok         |
| Refrigerator (Freezer):                            | Ok         |
| Rubber Stopper:                                    | Ok         |
| Stove Knob:                                        | Ok         |
| Wall Outlets:                                      | Ok         |
| Washer/Dryer:                                      | Ok         |
| Window Coverings:                                  | Ok         |

| <b>BEDROOMS:</b>   |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet:     | Ok |
| Floors / Carpet:   | Ok |
| Other:             | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| <b>BATHROOM:</b>                                           |    |
|------------------------------------------------------------|----|
| 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 |
|---------|----|

| <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 |

| <b>PAINTING:</b>              |    |
|-------------------------------|----|
| Border Removal (Per Room):    | Ok |
| Holes in Walls (Each Hole):   | Ok |
| Over Dark Colors (Per Room):  | Ok |
| Wallpaper Removal (Per Room): | Ok |

| <b>CARPET:</b>            |    |
|---------------------------|----|
| 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 |

| <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              |
| If there are sprinkler heads, are they painted?:                                             | Yes             |
| If there are sprinklers, are the sprinkler pipes painted?:                                   | Yes             |
| 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                                                                                      | Bed and dresser |

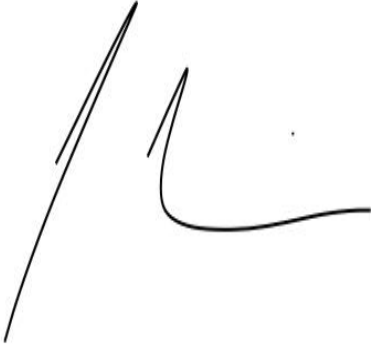


|                                |    |
|--------------------------------|----|
| Remove Debris (Per Bag):       | Ok |
| Sliding Mirror/Glass Door (2): | Ok |
| Smoke Detector Alarm:          | Ok |

|                                          |        |
|------------------------------------------|--------|
| 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                             |             |
| <div> <div></div> <div></div> </div> |             |
| Lindy Community Representative Name  | Jeff Wilson |

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a 'W'.

|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Jeff Wilson |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |