



# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property | Units  |
|-----------------|-------------|----------|--------|
| 06-02-2022      | Gregg Smith | Enclaves | 3968C1 |

|                              |               |
|------------------------------|---------------|
| Resident Name                | George Betts  |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Not Available |

| 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:            | Ok         |
| Ceiling Fan:           | Ok         |
| Ceiling Light Fixture: | Ok         |
| Cleaning of Stove:     | Not Ok     |
| Charges Type           | Clean      |
| Charges                |            |
| Comment                | Very dirty |



|                   |               |
|-------------------|---------------|
| Drip Pan:         | Ok            |
| Faucet:           | Ok            |
| Faucet Knobs:     | Ok            |
| Floors:           | Ok            |
| Formica/Tiles:    | Ok            |
| Garbage Disposal: | Ok            |
| Kitchen Sink:     | Ok            |
| Microwave:        | Not Ok        |
| Charges Type      | Repair        |
| Charges           |               |
| Comment           | Broken handle |

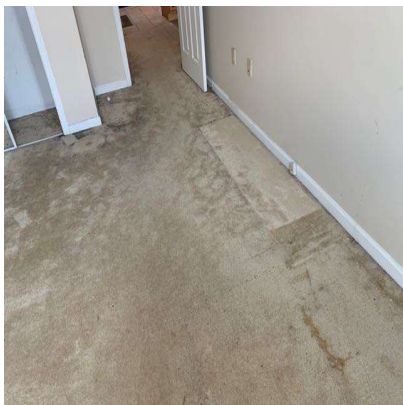


|                   |        |
|-------------------|--------|
| Other:            | Ok     |
| Oven Door Handle: | Ok     |
| Oven Racks:       | Ok     |
| Range Top:        | Not Ok |
| Charges Type      | Clean  |
| Charges           |        |
| Comment           | Dirty  |



|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| 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:     | Ok         |
| Floors / Carpet:   | Not Ok     |
| Charges Type       | Replace    |
| Charges            |            |
| Comment            | Very dirty |



|                   |    |
|-------------------|----|
| Walls / Outlets:  | Ok |
| 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 |

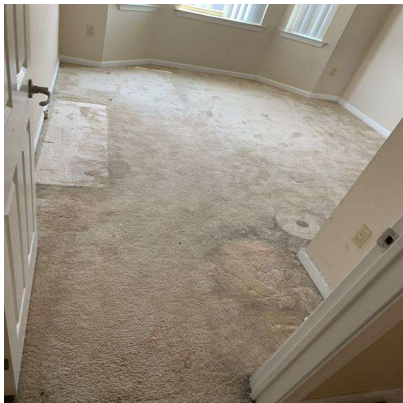
|                                                                           |    |
|---------------------------------------------------------------------------|----|
| <b>LOCKS:</b>                                                             |    |
| Door Knob:                                                                | 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>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>            |                 |
| Replace Carpet 1 Bedroom: | Not Ok          |
| Charges Type              | Replace         |
| Charges                   |                 |
| Comment                   | Need to replace |



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



| <b>MISCELLANEOUS:</b>                                                                        |    |
|----------------------------------------------------------------------------------------------|----|
| Broken Window Glass (Per Pane):                                                              | Ok |
| Cabinet Equipment:                                                                           | Ok |
| Carbon Monoxide Detector:                                                                    | Ok |
| Clear Storage Locker:                                                                        | Ok |
| Closet Shelves:                                                                              | Ok |
| Common Area damaged during moveout:                                                          | Ok |
| Fan Blades:                                                                                  | Ok |
| Fire extinguisher:                                                                           | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| Mini Blind(s) each:                                                                          | Ok |
| Outside Lights:                                                                              | 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 |
| 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  | Gregg Smith |
|                                      |             |
| Technician                           | Gregg Smith |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |