



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property            | Units |
|-----------------|-------------|---------------------|-------|
| 06-05-2025      | Luke Krause | Gardens of Mt. Airy | A08   |

|                                                                                 |                       |
|---------------------------------------------------------------------------------|-----------------------|
| Resident Name                                                                   | Iyanna Blackson-Allen |
| Forwarding Mailing Address                                                      | Not Available         |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Jun-05-2025           |

| 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 |
| Cabinets:       |    |
| Cabinet Door:   | Ok |
| Cabinets:       |    |
| Cabinet Handle: | Ok |

|                                                    |    |
|----------------------------------------------------|----|
| <b>Cabinets:</b>                                   |    |
| Cabinet Shelf:                                     | Ok |
| Ceiling Fan:                                       | Ok |
| Ceiling Light Fixture:                             | Ok |
| Ceiling Lights:                                    | Ok |
| Cleaning of Stove:                                 | Ok |
| Counter Top:                                       | Ok |
| <b>Dishwasher:</b>                                 |    |
| Dishwasher Knob:                                   | Ok |
| <b>Dishwasher:</b>                                 |    |
| Dishwasher Rack:                                   | Ok |
| <b>Dishwasher:</b>                                 |    |
| Dishwasher Silverware Holder:                      | 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:                                      | Ok |
| Microwave:                                         | Ok |
| Other:                                             | Ok |
| <b>Oven / Range:</b>                               |    |
| Oven Cleaning:                                     | Ok |
| <b>Oven / Range:</b>                               |    |
| Oven door handle:                                  | Ok |
| <b>Oven / Range:</b>                               |    |
| Oven drip pan:                                     | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven knobs:          | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven Racks:          | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range burners:       | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Range Hood:          | 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: | Not Ok |
| Charges Type       | Clean  |

|                                                                                   |                      |
|-----------------------------------------------------------------------------------|----------------------|
| Charges                                                                           |                      |
| Comment                                                                           | Bathroom 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:                                                                    | Not Ok               |
| Charges Type                                                                      | Repair               |
| Charges                                                                           |                      |
| Comment                                                                           | Tub beds glazing     |



|                 |    |
|-----------------|----|
| 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>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 |
| 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  |

|                        |    |
|------------------------|----|
| 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 | Luke Krause |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Luke Krause |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |