



# Move Out Inventory & Condition Form

| Inspection Date | Technician | Property      | Units |
|-----------------|------------|---------------|-------|
| 06-06-2025      | Dawn Buck  | Bromley House | B214  |

|                                                                                 |              |
|---------------------------------------------------------------------------------|--------------|
| Resident Name                                                                   | Terry Turner |
| Forwarding Mailing Address                                                      | None left    |
| 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: | N/A |
| Walls / Outlets:   | N/A |
| Window:            | N/A |
| Window coverings:  | N/A |

| KITCHEN:               |    |
|------------------------|----|
| Backsplash:            | Ok |
| Cabinets:              | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| Counter Top:           | Ok |

|                    |     |
|--------------------|-----|
| <b>Dishwasher:</b> |     |
| Dishwasher Knob:   | N/A |

|                    |     |
|--------------------|-----|
| <b>Dishwasher:</b> |     |
| Dishwasher Rack:   | N/A |

|                               |     |
|-------------------------------|-----|
| <b>Dishwasher:</b>            |     |
| Dishwasher Silverware Holder: | N/A |

|                                                    |            |
|----------------------------------------------------|------------|
| 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                               | 2025-03-31 |
| 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:                                      | N/A        |
| Window Coverings:                                  | Ok         |

|                    |     |
|--------------------|-----|
| <b>BEDROOMS:</b>   |     |
| Ceilings / Lights: | N/A |
| Door / Closet:     | N/A |

|                   |     |
|-------------------|-----|
| Floors / Carpet:  | N/A |
| Other:            | N/A |
| Walls / Outlets:  | N/A |
| Window:           | N/A |
| Window coverings: | N/A |

| <b>BATHROOM:</b>   |        |
|--------------------|--------|
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Dirty  |



|                                                            |    |
|------------------------------------------------------------|----|
| 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:          | Not Ok               |
| Charges Type                    | Clean                |
| Charges                         |                      |
| Comment                         | Dirty and trash left |



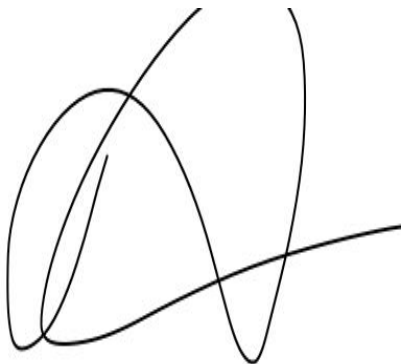
|                                                                                              |    |
|----------------------------------------------------------------------------------------------|----|
| Clear Storage Locker:                                                                        | 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 |
| 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 |

|          |  |
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| Resident |  |
|----------|--|

|                                     |           |
|-------------------------------------|-----------|
| Lindy Community Representative Name | Dawn Buck |
|-------------------------------------|-----------|



|            |           |
|------------|-----------|
| Technician | Dawn Buck |
|------------|-----------|

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