

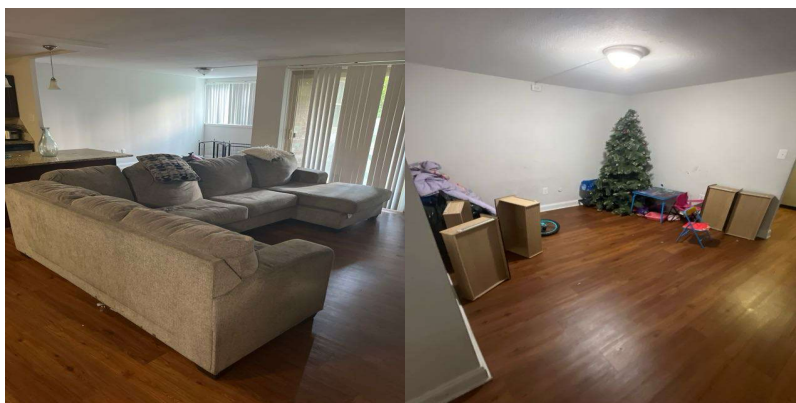


# Move Out Inventory & Condition Form

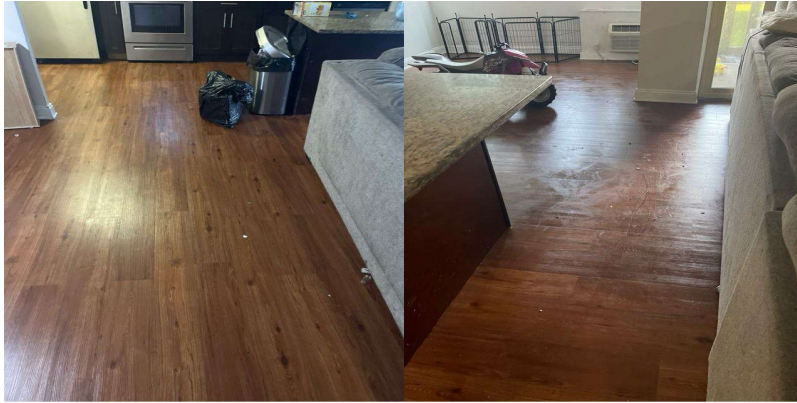
| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 06-18-2024      | Josh Kozich | Towers at Wyncote | 0217-2 |

|                              |                |
|------------------------------|----------------|
| Resident Name                | Joewell Devero |
| Forwarding Mailing Address   | Not Available  |
| Date Resident Turned in Keys | Jun-18-2024    |

| LIVING ROOM:       |        |
|--------------------|--------|
| Ceilings / Lights: | Ok     |
| Door / Closet:     | Ok     |
| Other:             | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                 |        |
|-----------------|--------|
| Plank Flooring: | Not Ok |
| Charges Type    | Clean  |
| Charges         |        |
| Comment         | Clean  |



|                  |        |
|------------------|--------|
| Walls / Outlets: | Not Ok |
| Charges Type     | Repair |
| Charges          |        |
| Comment          | Repair |



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

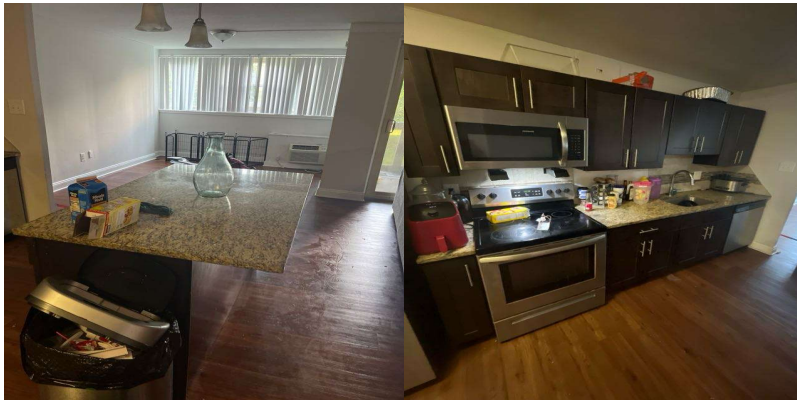
| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Plank Flooring:    | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

| KITCHEN:               |    |
|------------------------|----|
| Backsplash:            | Ok |
| Cabinets:              | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |

|                    |        |
|--------------------|--------|
| Cleaning of Stove: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|              |        |
|--------------|--------|
| Counter Top: | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|                   |        |
|-------------------|--------|
| Dishwasher:       | Ok     |
| Drip Pan:         | Ok     |
| Electric Meter:   | Ok     |
| Faucet:           | Ok     |
| Faucet Knobs:     | Ok     |
| Floors:           | Ok     |
| Formica/Tiles:    | Ok     |
| Garbage Disposal: | Ok     |
| Kitchen Sink:     | Ok     |
| Microwave:        | Not Ok |
| Charges Type      | Clean  |

|         |       |
|---------|-------|
| Charges |       |
| Comment | Clean |



|                   |    |
|-------------------|----|
| Other:            | Ok |
| Oven / Range:     | Ok |
| Oven Door Handle: | Ok |
| Oven Racks:       | Ok |
| Range Top:        | Ok |

|                         |        |
|-------------------------|--------|
| Refrigerator (Freezer): |        |
| Cleaning Refrigerator:  | Not Ok |
| Charges Type            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



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

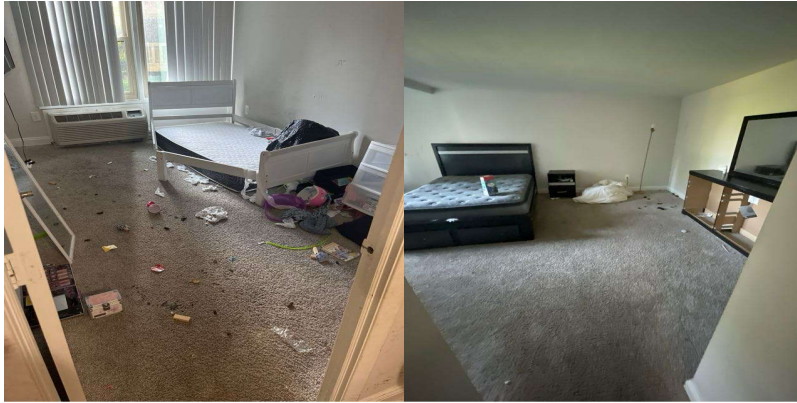
|                                |    |
|--------------------------------|----|
| Refrigerator (Freezer):        |    |
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer):                                                                       |    |
|-----------------------------------------------------------------------------------------------|----|
| Refrigerator Crisper Glass/Plastic:                                                           | Ok |
| 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            | Replace |

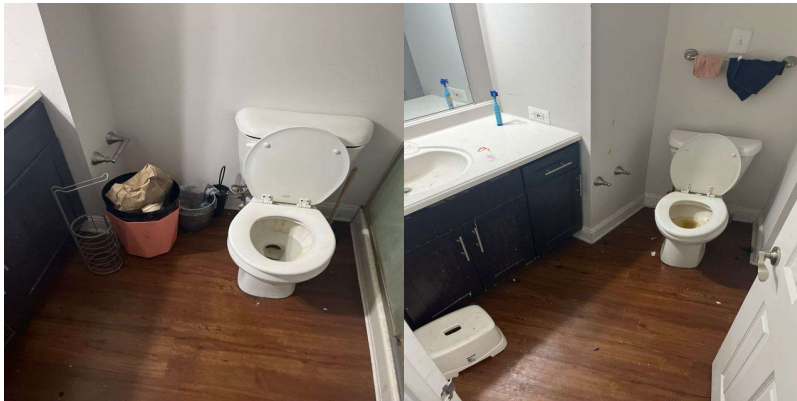


|              |        |
|--------------|--------|
| Other:       | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|                   |    |
|-------------------|----|
| Plank Flooring:   | Ok |
| Walls / Outlets:  | Ok |
| Window:           | Ok |
| Window coverings: | Ok |

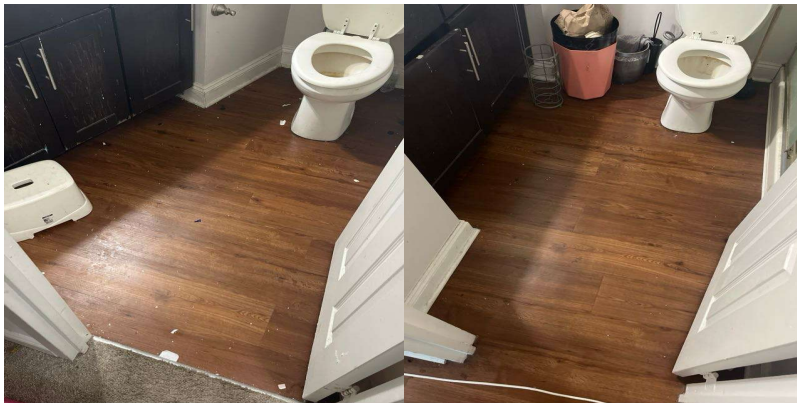
| <b>BATHROOM:</b>   |        |
|--------------------|--------|
| Cabinets / Mirror: | Ok     |
| Ceiling Lights:    | Ok     |
| Cleaning Bathroom: | Not Ok |
| Charges Type       | Clean  |
| Charges            |        |
| Comment            | Clean  |



|                  |        |
|------------------|--------|
| Complete Toilet: | Ok     |
| Counter Top:     | Not Ok |
| Charges Type     | Clean  |
| Charges          |        |
| Comment          | Clean  |



|              |        |
|--------------|--------|
| Floors:      | Not Ok |
| Charges Type | Clean  |
| Charges      |        |
| Comment      | Clean  |



|                                                            |        |
|------------------------------------------------------------|--------|
| Formica /Tile:                                             | Ok     |
| Is there signs of moisture from outside in the apartment?: | Ok     |
| Medicine Cabinet:                                          | Ok     |
| Mirror Cabinet:                                            | Ok     |
| Other:                                                     | Ok     |
| Plank Flooring:                                            | Ok     |
| Remove Mildew on Tiles:                                    | Not Ok |
| Charges Type                                               | Clean  |
| Charges                                                    |        |
| Comment                                                    | Clean  |



|                      |    |
|----------------------|----|
| 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 |

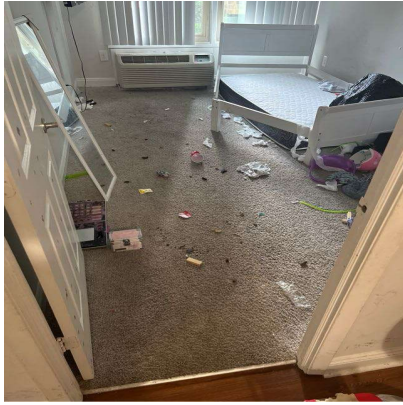
|              |                      |
|--------------|----------------------|
| Frame:       | Ok                   |
| Hollow:      | Not Ok               |
| Charges Type | Replace              |
| Charges      |                      |
| Comment      | Replace bedroom door |



|                     |    |
|---------------------|----|
| 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: | Not Ok  |
| Charges Type              | Replace |
| Charges                   |         |
| Comment                   | Replace |



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



|                    |    |
|--------------------|----|
| 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  |
| Was the resident locked out?:                                                                | 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                                               | Josh Kozich |
|  |             |
| Technician                                                                        | Josh Kozich |
| Resident not available for signature                                              | NO          |
| Resident refused Signature                                                        | NO          |