



# Move Out Inventory & Condition Form

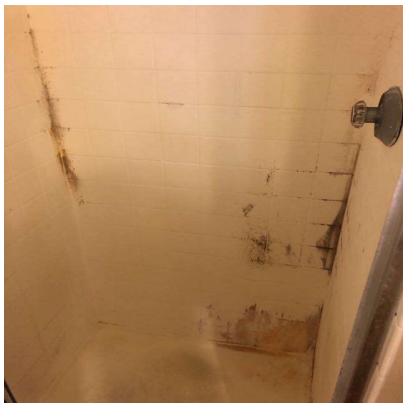
| Inspection Date | Technician  | Property          | Units  |
|-----------------|-------------|-------------------|--------|
| 06-22-2020      | Josh Kozich | Towers at Wyncote | 0422-3 |

|                              |                   |
|------------------------------|-------------------|
| Resident Name                | Gwendolyn Fleming |
| Forwarding Mailing Address   | Not Available     |
| Date Resident Turned in Keys | Not Available     |

|                                |    |
|--------------------------------|----|
| <b>LIVING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Door / Closet:                 | Ok |
| Window coverings:              | Ok |
| Other:                         | Ok |
| <b>DINING ROOM:</b>            |    |
| Walls / Outlets:               | Ok |
| Ceilings / Lights:             | Ok |
| Window:                        | Ok |
| Window coverings:              | Ok |
| <b>KITCHEN:</b>                |    |
| Electric Meter:                | Ok |
| Cabinets:                      | Ok |
| Cabinet Door:                  | Ok |
| Cabinet Shelf:                 | Ok |
| Cabinet Handle:                | Ok |
| Counter Top:                   | Ok |
| Refrigerator (Freezer):        | Ok |
| Refrigerator (Shelf and Bars): | Ok |

|                                     |    |
|-------------------------------------|----|
| Refrigerator (Drawers):             | Ok |
| Refrigerator Crisper Glass/Plastic: | Ok |
| Cleaning Refrigerator:              | Ok |
| Dishwasher Rack:                    | Ok |
| Dishwasher Silverware Holder:       | Ok |
| Dishwasher Knob:                    | Ok |
| Fire Stops:                         | Ok |
| Formica/Tiles:                      | Ok |
| Stove Knob:                         | Ok |
| Microwave:                          | Ok |
| Cleaning of Stove:                  | Ok |
| Ceiling Lights:                     | Ok |
| Garbage Disposal:                   | Ok |
| Rubber Stopper:                     | Ok |
| Oven Door Handle:                   | Ok |
| Oven Racks:                         | Ok |
| Kitchen Sink:                       | Ok |
| Faucet Knobs:                       | Ok |
| Floors:                             | Ok |
| Faucet:                             | Ok |
| Drip Pan:                           | Ok |
| Range Hood:                         | Ok |
| Range Top:                          | Ok |
| Ceiling Light Fixture:              | Ok |
| Backsplash:                         | Ok |
| Ceiling Fan:                        | Ok |
| Washer/Dryer:                       | Ok |
| Wall Outlets:                       | Ok |
| Window Coverings:                   | Ok |
| Other:                              | Ok |
| <b>BEDROOMS:</b>                    |    |
| Walls / Outlets:                    | Ok |
| Ceilings / Lights:                  | Ok |
| Floors / Carpet:                    | Ok |

|                         |        |
|-------------------------|--------|
| Window:                 | Ok     |
| Window coverings:       | Ok     |
| Door / Closet:          | Ok     |
| Other:                  | Ok     |
| <b>BATHROOM:</b>        |        |
| Medicine Cabinet:       | Ok     |
| Mirror Cabinet:         | Ok     |
| Vanity Cabinet:         | Ok     |
| Sink:                   | Ok     |
| Toilet Tank Cover:      | Ok     |
| Toilet Tank:            | Ok     |
| Toilet Bowl:            | Ok     |
| Complete Toilet:        | Ok     |
| Toilet Paper Holder:    | Ok     |
| Shower Head:            | Ok     |
| Tub Knob(s):            | Ok     |
| Shower Curtain Bar:     | Ok     |
| Towel Bar:              | Ok     |
| Tub Reglazing:          | Ok     |
| Counter Top:            | Ok     |
| Soap Dish (Sink):       | Ok     |
| Soad Dish (Tub):        | Ok     |
| Remove Mildew on Tiles: | Not Ok |
| Charges Type            | Clean  |
| Charges                 |        |
| Comment                 | Clean  |



|                                                                           |         |
|---------------------------------------------------------------------------|---------|
| Cleaning Bathroom:                                                        | Ok      |
| Wall Outlets:                                                             | Ok      |
| Ceiling Lights:                                                           | Ok      |
| Floors:                                                                   | Ok      |
| Formica /Tile:                                                            | Ok      |
| Cabinets / Mirror:                                                        | Ok      |
| Window:                                                                   | Ok      |
| Other:                                                                    | Ok      |
| Is there signs of moisture from outside in the apartment?:                | Ok      |
| <b>LOCKS:</b>                                                             |         |
| Door Lock:                                                                | Ok      |
| Door Knob:                                                                | Ok      |
| Fix Door when extra lock is removed:                                      | Ok      |
| Mail-Box Lock:                                                            | Ok      |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok      |
| <b>KEYS:</b>                                                              |         |
| Failure To Return Apartment Key:                                          | Ok      |
| Failure To Return Mailbox Key:                                            | Ok      |
| <b>DOORS:</b>                                                             |         |
| Apartment Door:                                                           | Ok      |
| Solid Core & Steel:                                                       | Ok      |
| Frame:                                                                    | Ok      |
| Hollow:                                                                   | Ok      |
| <b>PAINTING:</b>                                                          |         |
| Over Dark Colors (Per Room):                                              | Not Ok  |
| Charges Type                                                              | Repair  |
| Charges                                                                   |         |
| Comment                                                                   | Repaint |



|                               |         |
|-------------------------------|---------|
| Holes in Walls (Each Hole):   | Ok      |
| Wallpaper Removal (Per Room): | Ok      |
| Border Removal (Per Room):    | Ok      |
| <b>CARPET:</b>                |         |
| Shampoo 1 Bedroom:            | Ok      |
| Shampoo 2 Bedroom:            | Ok      |
| Stain Removal:                | Ok      |
| 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 |



| MISCELLANEOUS:                           |    |
|------------------------------------------|----|
| Remove Debris (Per Bag):                 | Ok |
| Removal Of Bulk Items:                   | Ok |
| Clear Storage Locker:                    | Ok |
| Closet Shelves:                          | Ok |
| Window Sills:                            | Ok |
| Window Screen(s) each:                   | Ok |
| Broken Window Glass (Per Pane):          | Ok |
| Mini Blind(s) each:                      | Ok |
| Vertical Blinds:                         | Ok |
| Sliding Mirror/Glass Door (2):           | Ok |
| Carbon Monoxide Detector:                | Ok |
| Smoke Detector Alarm:                    | Ok |
| Fire extinguisher:                       | Ok |
| Cabinet Equipment:                       | Ok |
| Vinly Tile Kitchen:                      | Ok |
| Vinly Tile Bathroom:                     | Ok |
| Exhaust Fan:                             | Ok |
| Phone Jack:                              | Ok |
| Fan Blades:                              | Ok |
| Light Globes:                            | Ok |
| Door Intercom System:                    | Ok |
| Switch Plate Covers:                     | Ok |
| Rallings:                                | Ok |
| Outside Lights:                          | Ok |
| Stoppage by foreign object in any drain: | Ok |

|                                                                                              |    |
|----------------------------------------------------------------------------------------------|----|
| Thermostat Cover:                                                                            | Ok |
| Cleaning of Apartment:                                                                       | Ok |
| Common Area damaged during moveout:                                                          | Ok |
| If fire stops have been installed throughout the property, ensure fire stops are installed.: | Ok |
| <b>OVERALL:</b>                                                                              |    |
| Signs of Moisture outside the apartment:                                                     | Ok |
| Signs of Moisture inside the apartment:                                                      | Ok |
| Resident                                                                                     |    |

|                                     |             |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Josh Kozich |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Josh Kozich |
| Resident not available for signature | NO          |
| Resident refused Signature           | NO          |