



# Move Out Inventory & Condition Form

| Inspection Date | Technician   | Property       | Units |
|-----------------|--------------|----------------|-------|
| 06-27-2024      | Dudlow Blake | 7400 Roosevelt | E201  |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Daniel Griess |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Jun-27-2024   |

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



Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.:

Ok

### BEDROOMS:

Ceilings / Lights:

Ok

Door / Closet:

Ok

Floors / Carpet:

Ok

Other:

Ok

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

|                    |          |
|--------------------|----------|
| Shampoo 2 Bedroom: | Not Ok   |
| Charges Type       | Clean    |
| Charges            |          |
| Comment            | Cleaning |



| <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?:                                                      | Yes |                                          |     |
| <table> <tr> <td>Estimated Value of Personal Property is.</td><td>\$0</td></tr> </table> |     | Estimated Value of Personal Property is. | \$0 |
| Estimated Value of Personal Property is.                                                 | \$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 | Dudlow Blake |
|-------------------------------------|--------------|



|                                      |              |
|--------------------------------------|--------------|
| Technician                           | Dudlow Blake |
| Resident not available for signature | YES          |
| Resident refused Signature           | NO           |