



## Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property       | Units |
|-----------------|-------------|----------------|-------|
| 06-30-2020      | John Samuel | Gateway Towers | B314  |

|                              |                     |
|------------------------------|---------------------|
| Resident Name                | Rebeca Esteves-Cruz |
| Forwarding Mailing Address   | Not Available       |
| Date Resident Turned in Keys | Jun-29-2020         |

|                                |    |
|--------------------------------|----|
| <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:                                    | Ok |
| 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):                                              | Ok          |
| 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:                                                 | Ok          |
| Replace Carpet 2 Bedroom:                                                 | Ok          |
| <b>MISCELLANEOUS:</b>                                                     |             |
| Removal Of Bulk Items:                                                    | Not Ok      |
| Charges Type                                                              | Replace     |
| Charges                                                                   |             |
| Comment                                                                   | Remove sofa |



|                     |                               |
|---------------------|-------------------------------|
| Mini Blind(s) each: | Not Ok                        |
| Charges Type        | Replace                       |
| Charges             |                               |
| Comment             | Replace blinds in living room |



|                                          |    |
|------------------------------------------|----|
| <b>OVERALL:</b>                          |    |
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |
| Resident                                 |    |

NA

|                                     |             |
|-------------------------------------|-------------|
| Lindy Community Representative Name | John Samuel |
|-------------------------------------|-------------|

A handwritten signature in black ink, consisting of a series of loops and a final upward stroke.

|                                      |             |
|--------------------------------------|-------------|
| Technician                           | John Samuel |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |