



# Move Out Inventory & Condition Form

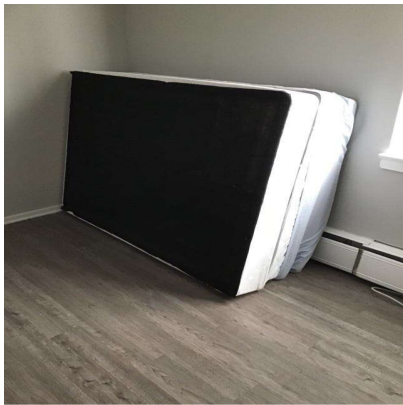
| Inspection Date | Technician  | Property          | Units |
|-----------------|-------------|-------------------|-------|
| 06-30-2020      | Thomas Neal | York North (YONO) | 1004  |

|                              |               |
|------------------------------|---------------|
| Resident Name                | Nicholas Dix  |
| Forwarding Mailing Address   | Not Available |
| Date Resident Turned in Keys | Jun-30-2020   |

|                                |    |
|--------------------------------|----|
| <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                      |
| Comment                             | Doesn't have range hood |
| Range Top:                          | Ok                      |
| Ceiling Light Fixture:              | Ok                      |
| Backsplash:                         | Ok                      |
| Ceiling Fan:                        | Ok                      |
| Comment                             | N/A                     |
| Washer/Dryer:                       | Ok                      |
| Comment                             | N/A                     |
| 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                           |
| Comment            | Left mattress and box spring |



|                      |                |
|----------------------|----------------|
| <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             |
| Comment              | Tub is peeling |
| 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>                    |                             |
| Remove Debris (Per Bag):                 | Ok                          |
| Removal Of Bulk Items:                   | Ok                          |
| Comment                                  | Bed mattress and box spring |
| 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 | Thomas Neal |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Thomas Neal |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |