

Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|-----------------|----------------|-------|
| 06-30-2021 | Antonio Cordero | Gateway Towers | B420 |

| Resident Name | Maria Albanese |
|------------------------------|----------------|
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | Not Available |

| LIVING ROOM: | |
|--------------------|--------------------------|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Not Ok |
| Charges Type | Replace |
| Charges | |
| Comment | Has sofa and living room |



| Walls / Outlets: | Not Ok |
|------------------|--------------------------------------|
| Charges Type | Repair |
| Charges | |
| Comment | And one wall has holes from TV stand |



Dishwasher Knob:

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

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

| KITCHEN: | | |
|------------------------|----|----|
| Backsplash: | Ok | |
| Cabinets: | | |
| Cabinet Door: | | Ok |
| Cabinets: | | |
| Cabinet Handle: | | Ok |
| Cabinets: | | |
| Cabinet Shelf: | | Ok |
| Ceiling Fan: | Ok | |
| Ceiling Light Fixture: | Ok | |
| Ceiling Lights: | Ok | |
| Cleaning of Stove: | Ok | |
| Counter Top: | Ok | |
| Dishwasher: | | |

Ok

| Dishwasher Rack: | | Ok | |
|-------------------------------|----|----|----|
| DISTINGUISHED NACK. | | OK | |
| Dishwasher: | | | |
| Dishwasher Silverware Holder: | | | Ok |
| Orip Pan: | Ok | | |
| Electric Meter: | Ok | | |
| Faucet: | Ok | | |
| Faucet Knobs: | Ok | | |
| Fire Stops: | Ok | | |
| Floors: | Ok | | |
| Formica/Tiles: | Ok | | |
| Garbage Disposal: | Ok | | |
| Kitchen Sink: | Ok | Ok | |
| Microwave: | Ok | Ok | |
| Other: | Ok | | |
| Oven / Range: | | | |
| Oven Cleaning: | | Ok | |
| Oven / Range: | | | |
| Oven door handle: | | Ok | |
| Oven / Range: | | | |
| Oven drip pan: | | Ok | |
| Oven / Range: | | | |
| Oven knobs: | | Ok | |
| Oven / Range: | | | |
| Oven Racks: | | Ok | |
| Oven / Range: | | | |
| Range burners: | | Ok | |
| Oven / Range: | | | |
| | | | |

| Oven Door Handle: | Ok |
|-------------------------|----|
| Oven Racks: | Ok |
| Range Top: | Ok |
| Refrigerator (Freezer): | Ok |
| Rubber Stopper: | Ok |
| Stove Knob: | Ok |
| Wall Outlets: | Ok |
| Washer/Dryer: | Ok |
| Window Coverings: | Ok |

| BEDROOMS: | |
|--------------------|--|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Floors / Carpet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Ok |
| Comment | Walls have screw holes in second bedroom from TV |



| 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 |

| LOCKS: | |
|---|----|
| 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 |

| DOORS: | |
|---------------------|----|
| Apartment Door: | Ok |
| Frame: | Ok |
| Hollow: | Ok |
| Solid Core & Steel: | Ok |

| PAINTING: | |
|----------------------------|----|
| Border Removal (Per Room): | Ok |

| Holes in Walls (Each Hole): | Ok | |
|-------------------------------|----|--|
| Over Dark Colors (Per Room): | Ok | |
| Wallpaper Removal (Per Room): | Ok | |

| CARPET: | |
|---------------------------|----|
| Burns: | Ok |
| Deodorize: | Ok |
| Pet Treatment (Odor): | Ok |
| Replace Carpet 1 Bedroom: | Ok |
| Replace Carpet 2 Bedroom: | Ok |
| Shampoo 1 Bedroom: | Ok |
| Shampoo 2 Bedroom: | Ok |
| Stain Removal: | Ok |

| OVERALL: | |
|--|----|
| Signs of Moisture inside the apartment: | Ok |
| Signs of Moisture outside the apartment: | Ok |

| Resident | |
|----------|--|
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Lindy Community Representative Name

Antonio Cordero



| Technician | Antonio Cordero |
|--------------------------------------|-----------------|
| Resident not available for signature | YES |
| Resident refused Signature | NO |