



Move Out Inventory & Condition Form

| Inspection Date | Technician | Property | Units |
|-----------------|--------------|--------------|-------|
| 07-01-2021 | Dudlow Blake | Joshua House | N0102 |

| | |
|------------------------------|---------------|
| Resident Name | Briana Burton |
| Forwarding Mailing Address | Not Available |
| Date Resident Turned in Keys | Not Available |

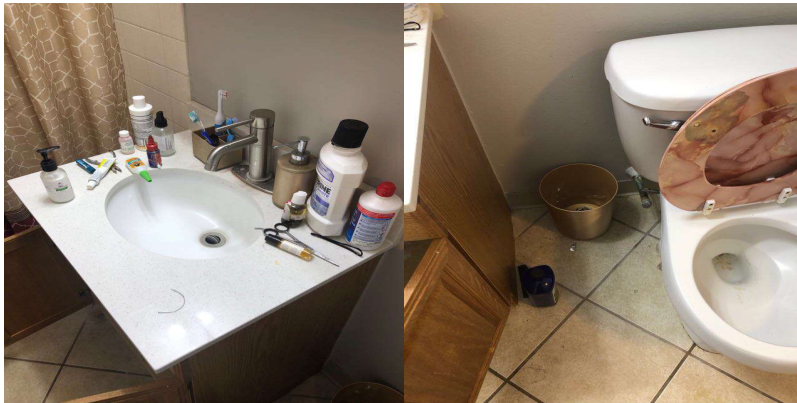
| LIVING ROOM: | |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Door / Closet: | Ok |
| Other: | Ok |
| Walls / Outlets: | Ok |
| Window: | Ok |
| Window coverings: | Ok |

| 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 |



| BATHROOM: | |
|--------------------|-----------------|
| Cleaning Bathroom: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning needed |



| 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 |

| KEYS: | |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key: | 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 |

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



| | |
|------------------------|----------|
| Removal Of Bulk Items: | Not Ok |
| Charges Type | Clean |
| Charges | |
| Comment | Cleaning |



| | |
|----------|--|
| Resident | |
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| | |
|-------------------------------------|--------------|
| Lindy Community Representative Name | Dudlow Blake |
|-------------------------------------|--------------|

Dudlow
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|------------|--------------|
| Technician | Dudlow Blake |
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| | |
|--------------------------------------|-----|
| Resident not available for signature | YES |
|--------------------------------------|-----|

| | |
|----------------------------|----|
| Resident refused Signature | NO |
|----------------------------|----|