

## **Move Out Inventory & Condition Form**

| Inspection Date | Technician   | Property     | Units |
|-----------------|--------------|--------------|-------|
| 07-10-2025      | Dudlow Blake | Joshua House | 10204 |

| Resident Name   | Yvette Bolden |
|---|---------------|
| Forwarding Mailing Address  | Not Available |
| Date Resident Turned in Keys (For evictions - date all belongings were removed) | Jul-10-2025   |

| 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:               |        |
|------------------------|--------|
| Backsplash:            | Ok     |
| Cabinets:              | Ok     |
| Ceiling Fan:           | Ok     |
| Ceiling Light Fixture: | Ok     |
| Ceiling Lights:        | Ok     |
| Cleaning of Stove:     | Not Ok |
| Charges Type           | Clean  |

| Charges |          |
|---------|----------|
| Comment | Cleaning |



| Counter Top:                                       | Ok |
|--|----|
| Dishwasher:  | Ok |
| Drip Pan:  | Ok |
| Electric Meter:                                    | Ok |
| Faucet:  | Ok |
| Faucet Knobs:                                      | Ok |
| Floors:  | Ok |
| Formica/Tiles:                                     | Ok |
| Garbage Disposal:                                  | Ok |
| Is there a FireAvert red box, plug, and solenoid?: | Ok |
| Kitchen Sink:                                      | Ok |
| Microwave:   | Ok |
| Other:   | Ok |
| Oven / Range:                                      | Ok |
| 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 |

| 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 |

| 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 |

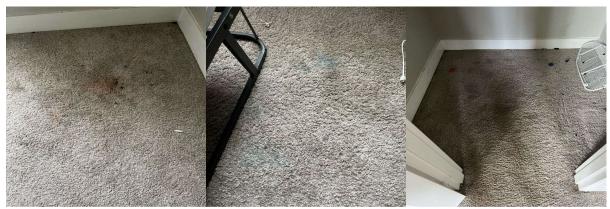
| DOORS:       |         |
|--------------|---------|
| Hollow:      | Not Ok  |
| Charges Type | Replace |
| Charges      |         |
| Comment      | Replace |



| 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: | Not Ok |

| Charges Type | Replace |
|--------------|---------|
| Charges      |         |
| Comment      | Replace |



| Replace Carpet 2 Bedroom: | Ok |
|---------------------------|----|
| Shampoo 1 Bedroom:        | Ok |
| Shampoo 2 Bedroom:        | Ok |
| Stain Removal:            | Ok |

| MISCELLANEOUS:                  |          |
|---------------------------------|----------|
| Broken Window Glass (Per Pane): | Ok       |
| Cabinet Equipment:              | Ok       |
| Carbon Monoxide Detector:       | Ok       |
| Cleaning of Apartment:          | Not Ok   |
| Charges Type                    | Clean    |
| Charges                         |          |
| Comment                         | Cleaning |



| 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:   | Not Ok   |
| Charges Type   | Clean    |
| Charges  |          |
| Comment  | Cleaning |



| 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?:      | No     |
| Charges Type                             |        |
| Charges                                  | 0      |
| Was the resident locked out?:            | Not Ok |

| Charges Type           |    |
|------------------------|----|
| Charges                | 0  |
| Window Screen(s) each: | Ok |
| Window Sills:          | Ok |

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

| Resident |
|----------|
|----------|

Lindy Community Representative Name

Dudlow Blake

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